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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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NATIONAL RESEARCH SERVICE AWARDS (NRSA)--INSTITUTIONAL TRAINING GRANTS

P.T. 44; K.W. 0720005, 0785130

National Center for Nursing Research (NCNR)

Initial Application Receipt Date: February 25, 1987
Subsequent Application Receipt Dates: May 10, June 10, September 10, 1987

The National Center for Nursing Research (NCNR) wishes to bring to the attention of the directors of doctoral programs in nursing that opportunities exist for institutions to apply for research training grants to support four or more predoctoral students. The inclusion of one or two postdoctoral positions is permitted. The environnment for multidisciplinary research training involving more than one unit of a university, a recruitment plan that will attract the most highly qualified candidates from throughout the nation, and the ability to demonstrate that graduates of the program remain active in research will be of particular importance. Applicant institutions should have a strong graduate school in the biomedical and behavioral sciences.

Applications received by February 25, 1987 will have their initial review in May for consideration by the June NCNR Council with funding anticipated for a July 1, 1987 start date. This is an accelerated review schedule. In the future, although the established NIH NRSA application receipt dates (January 10, May 10, September 10) will apply, applications will be considered only by the NCNR January/February Council for grants to be awarded on the following July 1.

For application materials, contact:

Office of Grants Inquiries
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

For additional information, contact:

National Center for Nursing Research
Building 38A, Room B2E17
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-0526

TARGETING DRUGS TO THE CENTRAL NERVOUS SYSTEM FOR AIDS THERAPY

RFP AVAILABLE: NIAID-AIDSP-87-16

P.T. 34; K.W. 0715120, 0740020, 0755025

National Institute of Allergy and Infectious Diseases

The Treatment Branch, AIDS Program, National Institute of Allergy and Infectious Diseases (NIAID), NIH, has a requirement for targeting drugs for AIDS therapy to the central nervous system (CNS). The modification to antiviral drugs identified as effective against HTLV-III/LAV/HIV in vitro by the screening efforts of NIAID or drug discovery groups may be required to allow the delivery of drugs to the CNS. The objective of this proposed project is to ensure that efforts will be made now to develop the expertise necessary to deliver drugs to the CNS. The NIAID, in collaboration with the United States Army Research Development Command, has established a rapid, large scale, in vitro screening program to evaluate the effectiveness of potential HTLV-III/LAV/HIV drugs. NIAID will undertake the lead role this year, in collaboration with the NCI, in organizing scientists into groups focused on the discovery of novel drugs for the treatment of AIDS. Through these efforts and other independent efforts, drugs which will prevent the replication of retroviruses will be identified and developed by the AIDS Program.

Drugs which prevent HTLV-III/LAV/HIV replication may cross the blood-brain barrier rapidly (Azidothymidine), slowly (Dideoxycytidine, Ribavirin), or not at all. Recent reports have shown the ability to make dihydropyridine derivatives of nucleosides by the attachment of a chemical carrier through an ester linkage. These modified drugs (termed prodrugs) are greatly enhanced in their ability to cross the blood-brain barrier. The successful development of improved methods for delivery and targeting of effective agents to the CNS will be especially beneficial to halt the progression of the disease, the spread of the infection, and control a reservoir of the virus. The purpose of this solicitation is two-fold: first, to modify known antiretroviral drugs to increase their ability to cross the blood-brain barrier; second, to encourage the development of innovative approaches for targeting drugs to the central nervous system.

This announcement is a new solicitation. RFP-NIH-NIAID-AIDSP-87-16 shall be issued on or about January 5, 1987, with a closing date tentatively set for March 3, 1987.

To receive a copy of the RFP please supply this office with two (2) self-addressed mailing labels.

Requests should be addressed to:

Frank M. Fountain
Contract Specialist, Contract Management Branch
NIAID, NIH
Westwood Building, Room 707
5333 Westbard Avenue
Bethesda, Maryland 20892.

All inquiries must be in writing; telephone inquiries will not be honored. All responsible sources may submit a proposal which shall be considered by the NIAID.

This advertisement does not commit the Government to award a contract.

PULMONARY COMPLICATIONS OF HTLV-III/LAV INFECTION

RFP AVAILABLE: RFP-NHLBI-HR-87-09

P.T. 34; K.W. 0715120, 0715165, 0785035

National Heart, Lung, and Blood Institute

The Division of Lung Diseases, National Heart, Lung, and Blood Institute (NHLBI), in cosponsorship with the AIDS Program, National Institute of Allergy and Infectious Diseases (NIAID), is soliciting proposals from offerors who are willing to cooperate as clinical centers in a longitudinal study on the pulmonary complications associated with Human T-Lymphotropic Virus, type III/Lymphotropic-Associated Virus (HTLV-III/LAV) infection. The specific objectives of this program are 1) to collect information on pulmonary complications due to HTLV-III/LAV infection in individuals in various transmission categories (risk groups) and 2) to determine the types, incidence, course, and outcome of pulmonary disorders in recently diagnosed patients with acquired immune deficiency syndrome (AIDS), in recently diagnosed (i.e., within 3 to 6 weeks) AIDS related complex (ARC) patients, and in individuals asymptomatically infected with HTLV-III/LAV.

Physicians who have examined many AIDS patients have the recent impression that a shift is occurring in the types and incidence of pulmonary complications associated with HTLV-III/LAV infection. There appears to be an increased incidence of serious infection with pyogenic bacterium; both pulmonary and extra pulmonary infection with M. tuberculosis has been noted with increased frequency. Nonspecific interstitial pneumonitis appears to be on the rise. Cases of lymphoid interstitial pneumonitis, which is diagnostic of AIDS in children under 13 years old who are HTLV-III/LAV antibody positive, are being seen with increased frequency in adults.

Participating clinical centers will be expected to recruit a minimum of 200 participants, age 18 years and older, during a 12 month recruitment period. The distribution of participants should be: 50 AIDS patients, 50 ARC patients and 100 asymptomatic HTLV-III/LAV-infected individuals. Offerors will be expected to provide a plan for evaluating pulmonary status of each study participant and a plan for maintaining contact with participants over the four year recruitment and study phase of the project. A separate RFP will be issued for the clinical coordinating center which will be responsible for coordinating the collection, storage, and analysis of data related to the study.

The study will be conducted in three phases. Phase I (6 months) will include the design of the collaborative protocol, manual of operations, and data forms. Phase II will involve the recruitment (1 year) and study and follow-up (3 years) of participants. Phase III (6 months) will be devoted to data analysis.

This announcement is not a Request for Proposals (RFP). It is anticipated that RFP-NHLBI-HR-87-09 will be available on or about January 9, 1987, with proposals due on April 6, 1987. Copies of the RFP may be obtained by written requests addressed to:

Douglas W. Frye, Contracting Officer
for the Division of Lung Diseases
Contracts Operations Branch
National Heart, Lung, and Blood Institute
Westwood Building, Room 654
5333 Westbard Avenue
Bethesda, Maryland 20892

This request should include (3) self addressed mailing labels.

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS: FIELD CENTERS

RFP AVAILABLE: NIH-NHLBI-HC-87-04

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS: COORDINATING CENTER

RFP AVAILABLE: NIH-NHLBI-HC-87-11

P.T. 34; K.W. 0715040, 0715200, 0411005, 0607024, 0706030, 0404000

National Heart, Lung, and Blood Institute

The Epidemiology and Biometry Research Program, DECA, NHLBI, seeks a coordinating center and four field centers for a project in which four field centers will recruit, examine, and follow a total of 5000 men and women (1250 in each center) aged 65 to 84 years at the baseline examination in a prospective study of coronary heart diseases and stroke. The study will emphasize: (1) the study of established and suspected risk factors that may induce clinically overt disease in an older population; (2) the prediction of clinical disease will be assessed from measures of preclinical disease, such as carotid atheromata measured by ultrasound, left ventricular impairment by echocardiography, and arrhythmias or episodes of myocardial ischemia by Holter monitoring; and (3) the evaluation of participants at frequent intervals for status with respect to concurrent disease, social support networks, stressful life situations, dietary and physical activity, health behaviors, etc. Cohort participants will be examined during the second and fifth years of the six year study, with interval home visits every six months during years two through five. Cohorts must be non-institutionalized and community-based, or representative of a defined population.

In addition to these RFPs for the Coordinating Center and the Field Centers, separate RFPs will be announced in the NIH Guide as they become available for the Lipid and Hemostasis Center, Ultrasound Reading Center, and Echocardiography Reading Center.

This is an announcement of availability of the Request for Proposals (RFP) for the Field Centers. RFP NHLBI-HC-87-04 will be available on or about January 23, 1987, with proposals due March 23, 1987. Four awards are anticipated. Your written request should include three mailing labels, self addressed, and must cite RFP NHLBI-HC-87-04.

This is also an announcement of availability of the Request for Proposals (RFP) for the Coordinating Center. RFP NHLBI-HC-87-11 will be available on or about January 23, 1987, with proposals due March 23, 1987. One award is anticipated. Your written request should include three mailing labels, self addressed, and must cite RFP No. NHLBI-HC-87-11.

Requests for copies of these RFPs should be sent to:

Betty Nordan
Contracting Officer for Epidemiology and
Biometry Research Program,
ECA Contracts Section
National Heart, Lung, and Blood Institute
Federal Bldg., Room 3C16
Bethesda, Maryland 20892

HOLDING FACILITY FOR AUTOIMMUNE MICE

RFP AVAILABLE: RFP-NIH-NIAMS-87-1

P.T. 34; K.W. 1002002, 0715015

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The Arthritis and Rheumatism Branch, Division of Intramural Research, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) is seeking an organization having the capability to provide a stable environment in a biologically clean holding facility for approximately 4,000 Government-owned autoimmune mice of numerous strains for use by NIAMS investigators in the study of systemic lupus and related autoimmune diseases. The facility must be AAALAC accredited and registered as a research facility with USDA. Care of the mice, and building construction and maintenance shall be in conformance with DHEW Publication No. 77-23, Guide for the Care and Use of Laboratory Animals.

Any organization possessing the capability of performing this service may request a copy of the RFP. Requests must be in writing and addressed to:

Patrick M. Sullivan, Contracting Officer
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

This acquisition is a 100% Small-Business Set-Aside.

This RFP will be available on or about January 15, 1987, with an anticipated closing date of February 16, 1987. Your written request must include two (2) nonfranked self addressed mailing labels. Telephone requests will not be honored. A reasonable number of the RFP have been prepared and will be issued on an as available basis.

This advertisement does not commit the Government to award a contract.

GASTROINTESTINAL EPITHELIAL CELL CULTURES - SOURCES SOUGHT

P.T. 34; K.W. 0780015, 1002004

National Institute of Diabetes and Digestive and Kidney Diseases

In order to facilitate research on the expression and regulation of various gastrointestinal epithelial cell absorptive, secretory, digestive, endocrine, immune, and other functions, thereby providing a basis for understanding the cellular mechanisms underlying a number of gastrointestinal (including diarrheal) diseases, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), is seeking sources with the capability to develop and characterize immortalized epithelial (including cryptoid, absorptive, secretory, goblet, parietal, endocrine, pancreatic acinar, and Peyer's patch M) cell cultures derived from various segments (including small intestine and colon) of the normal gastrointestinal tract of vertebrates. Cancer cell lines with differentiated subsets cloned for specific epithelial functions would also be useful in this connection. Awardees of Cooperative Agreements, Research Project Grants, or Research and Development Contracts will be required to submit new long lasting or immortalized gastrointestinal cell lines to the NIH cell culture bank so that they can be made generally available for research.

Sources that believe they have the capability necessary to under take investigations of the type described above should specify the cell culture(s) they are particularly interested in and should submit Capability Statements, not exceeding three single-spaced pages, which provide evidence that there are in-house expertise, capability, and facilities for carrying out the proposed investigations.

This announcement is not a Request for Proposals (RFP). There is no commitment by NIDDK to issue a Request for Proposal, but, if such a request is issued, those answering this Sources Sought announcement will be so notified. Three copies of the Capability Statement should be submitted to:

Patrick M. Sullivan, Contracting Officer
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

Capability Statements must be received no later than close of business, 5:00 (local time), February 27, 1987.

TARGETING ANTIVIRAL DRUGS TO INFECTED CELLS

RFA AVAILABLE: 87-AI-06

P.T. 34; K.W. 0715120, 0740015, 0740020, 0755025, 0760045

National Institute of Allergy and Infectious Diseases

Application Receipt Date: March 30, 1987

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for regular research grants to investigate and develop techniques that can be used to deliver antiviral drugs to infected cells. Research efforts to design new or to modify existing potentially effective drugs for the treatment of

AIDS, to increase their permeability across the blood brain barrier, to deliver compounds to the CNS either by modification of the drug or by the use of physical methods for intrathecal therapy and to deliver drugs specifically to cells infected with HTLV-III/LAV/HIV are considered responsive to this RFA.

BACKGROUND

A significant amount of time and effort is required to identify effective antiviral drugs either through screening or targeted development. However, often drugs identified are of limited use because they do not cross the blood brain barrier or the toxicities associated with the drug are too high. The successful development of methods to deliver drugs to the cells infected with the virus will increase the usefulness of a given drug and perhaps decrease the amount of drug required to control the viral infection. At present, research into the development of compounds that cross the blood brain barrier and target HTLV-III/LAV/HIV infected cells needs to be emphasized. Accordingly, the NIAID wishes to invite regular research grant applications in these areas of investigation.

OBJECTIVES AND SCOPE

The NIAID wishes to stimulate research on the delivery of drugs to viral-infected cells. Research efforts to design new or to modify existing potentially effective drugs for the treatment of AIDS, to increase their permeability across the blood brain barrier, to deliver compounds to the CNS either by modification of the drug or by the use of physical methods for intrathecal therapy and to target drugs specifically to cells infected with HTLV/III/LAV/HIV are considered responsive to this RFA. The term "drug" as defined in this RFA encompasses any synthetic or natural chemical or biological reagent that can be used in the treatment of a viral infection. Investigators are encouraged to propose studies that stress innovative approaches to the problem and advance development of currently available methods and techniques. Approaches utilizing ester linkages of carrier groups to antivirals, liposomes, lipophilic carriers, and monoclonal antibodies, are expected. Investigators, however, are not constrained to these for response to this announcement.

INQUIRIES

Additional information and a copy of the full RFA may be obtained from:

John McGowan, Ph.D.
Preclinical Development Program, Treatment Branch
AIDS Program, NIAID, NIH
Westwood Building - Room 753
Bethesda, Maryland 20892
Telephone: (301) 496-0545

MINORITY FAMILIES AND CHILDREN: BEHAVIORAL AND SOCIETAL VARIABLES AFFECTING CHILDREN'S DEVELOPMENT

RFA AVAILABLE: 87-HD-05

P.T. 34, AA, FF; K.W. 0404004

National Institute of Child Health and Human Development

Application Receipt Date: April 15, 1987

The Human Learning and Behavior Branch (HLB) of the Center for Research for Mothers and Children (CRMC), National Institute of Child Health and Human Development (NICHD) is inviting grant applications for the support of re-search on Minority Families and Children: Behavioral and Societal Variables Affecting Children's Development. The purpose of this solicitation is to encourage studies of psychological and societal variables particularly affecting the families of Afro-Americans, Asian-Americans, Hispanic-Americans, and Native-Americans; and their impact on the physical and behavioral development of children from infancy through adolescence.

This RFA is designed to stimulate research in the above populations on family process including commonalities and differences within and between ethnic groups; behavioral development, covering cognitive and social development; and the interaction of health and behavior in development.

It is anticipated that five awards will be made as a result of this announcement through the grant-in-aid mechanism (R01). The FIRST Award mechanism may also be utilized where appropriate.

For further information and a copy of the detailed RFA, contact:

Sarah Friedman, Ph.D.
Human Learning and Behavior Branch
National Institute of Child Health and Human Development
Bethesda, Maryland 20892
Telephone: (301) 496-6591

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH INTO METHODS OF RESEARCH THAT DO NOT USE VERTEBRATE ANIMALS, USE FEWER VERTEBRATE ANIMALS, OR PRODUCE LESS PAIN AND DISTRESS IN VERTEBRATE ANIMALS USED IN RESEARCH

P.T. 34; K.W. 0755020, 0710030, 1002027, 0780015, 0780020

Division of Research Resources

Application Receipt Dates: February 1, June 1, October 1

BACKGROUND

As part of the plan for research into research methods that do not use animals, use fewer animals, or produce less pain and distress in animals used in research, called for in NIH's authorizing legislation, P.L. 99-158, Section 4, the National Institutes of Health invites grant applications for the support of development and validation of research methods promoting these objectives.

Biomedical research cannot be regarded separately from biological research. Applications of basic biology to clinical medicine are often apparent, but cannot, in general, be predicted. Some proposals--for the study of invertebrates, lower vertebrates, microorganisms, cell and tissue culture systems, or mathematical approaches--can be regarded as having the same potential relevance to biomedical research as proposals for work on systems that are phylogenetically more closely related to humans. Experience indicates that information yielded by such systems can contribute substantially to increasing knowledge of human function.

While it is recognized that animals have been and will continue to be essential to the advancement of knowledge in the biomedical sciences, non-animal research methods can and do provide additional opportunities to advance our understanding of basic mechanisms of fundamental biological processes. For example, biological models or model systems derived from or consisting of nonmammalian organisms, or cell and tissue culture systems, may serve to reduce the use of mammals in the early stages of some investigations and may provide insights into mechanisms of biological functions that are more difficult to obtain from studies of whole vertebrate animals. Non-invasive experimental techniques, permitting studies of biological processes in intact animals, can reduce the number of animals needed as multi-step phenomena can be observed within a single subject. Such technologies often permit studies impossible to perform otherwise. Mathematical modeling is another useful investigational strategy when closely coupled to biological experimentation, and there are opportunities for mathematical modeling in many areas of biomedical research.

RESEARCH GOALS

Grant applications are requested for projects that will increase the extent and depth of knowledge needed to develop methods of biomedical research and experimentation that:

- do not require the use of vertebrate animals
- reduce the number of vertebrate animals used in research
- produce less pain and distress in vertebrate animals than methods currently used
- validate or demonstrate the reliability of non-animal methods
- develop non-vertebrate animal research methods that have been found valid and reliable

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional investigator-initiated research project grant. Under this mechanism, the applicant will plan, direct, and carry out the research program. The project period during which the research will be conducted should adequately reflect the time required to accomplish the stated goals and be consistent with the policy for grant support. Support will be provided for up to five years (renewable for subsequent periods) subject to the availability of funds and progress achieved.

Research grant applications may be submitted by both nonprofit and profit-making organizations and institutions, State or local governments and their agencies, and eligible agencies of the Federal Government.

APPLICATIONS AND REVIEW PROCEDURES

Applications in response to this solicitation will be appropriately peer reviewed for scientific and technical merit. They will be judged on the overall scientific merit of the proposed research, potential significance of the research findings, adequacy of methodology, availability of necessary facilities, and the qualifications of the research team. A secondary review for policy and program relevance to the research needs and missions of the Bureau, Institute, or Division to which the proposal is assigned will be made by the respective National Advisory Councils.

Applications will be received by the NIH Division of Research Grants on PHS Form 398, "Application for Public Health Service Grant," in accordance with the usual receipt dates for new applications:

February 1 June 1 October 1

FOR FURTHER INFORMATION CONTACT:

Division of Research Resources
Dr. James D. Willett
Chief, Biomedical Models and Materials Resources Section
Animal Resources Program
Building 31, Room 5B23
Bethesda, Maryland 20892
Telephone: (301) 496-5175

National Cancer Institute
Dr. Michael Boyd
Associate Director for Developmental Therapeutics
Landow Building, Room 5A21B
Bethesda, Maryland 20892
Telephone: (301) 496-8720

National Center for Nursing Research
Dr. Eileen Hasselmyer
Special Assistant to Acting Director
Building 38A, Room 2E17
Bethesda, Maryland 20892
Telephone: (301) 496-0523

National Institute of Allergy and Infectious Diseases
Dr. Luz A. Froehlich
Deputy Director, Extramural Activities Program
Westwood Building, Room 703
Bethesda, Maryland 20892
Telephone: (301) 496-7688

National Institute on Aging
Dr. Dewitt Hazzard
Head, Resource Development, Biomedical Research and Clinical Medicine
Building 31, Room 5C19
Bethesda, Maryland 20892
Telephone: (301) 496-6402

National Institute of Arthritis and Musculoskeletal and Skin Diseases
Dr. Steven J. Hausman
Deputy Director, Extramural Activities Program
Westwood Building, Room 403
Bethesda, Maryland 20892
Telephone: (301) 496-7495

National Institute of Child Health and Human Development
Dr. Antonia Novello
Deputy Director
Building 31, Room 2A04
Bethesda, Maryland 20892
Telephone: (301) 496-1848

National Institute of Diabetes and Digestive and Kidney Diseases
Dr. Walter Stolz
Director, Division of Extramural Activities
Westwood Building, Room 657
Bethesda, Maryland 20892
Telephone: (301) 496-7277

National Institute of Dental Research
Dr. Marie U. Nylen
Associate Director for Extramural Program
Westwood Building, Room 503
Bethesda, Maryland 20892
Telephone: (301) 496-7723

National Institute of Environmental Health Sciences
Dr. Anne P. Sassaman
Associate Director, Extramural Program
Building 3, Room 301
P.O. Box 12233
Research Triangle Park, North Carolina 27709
Telephone: (919) 541-7723 or (FTS Number) 8-629-7723

National Institute of General Medical Sciences
Dr. David Wolff
Deputy Associate Director for Program Activities
Westwood Building, Room 955
Bethesda, Maryland 20892
Telephone: (301) 496-7063

National Heart, Lung, and Blood Institute
Dr. Amoz I. Chernoff, Director
Division of Blood Diseases and Resources
Federal Building, Room 518A
Bethesda, Maryland 20892
Telephone: (301) 496-4868

National Heart, Lung, and Blood Institute
Dr. Millicent Higgins, Acting Director
Division of Epidemiology and Clinical Applications
Federal Building, Room 212B
Bethesda, Maryland 20892
Telephone: (301) 496-2533

National Heart, Lung, and Blood Institute
Dr. William J. Zukel, Acting Director
Division of Heart and Vascular Diseases
Federal Building, Room 416A
Bethesda, Maryland 20892
Telephone: (301) 496-5656

National Heart, Lung, and Blood Institute
Dr. Suzanne Hurd, Director
Division of Lung Diseases
Westwood Building, Room 6A16
Bethesda, Maryland 20892
Telephone: (301) 496-7208

National Institute of Neurological and Communicative Disorders and Stroke
Dr. Eugene Streicher
Director, Fundamental Neurosciences Program
Federal Building, Room 916
Bethesda, Maryland 20892
Telephone: (301) 496-5745

PANCREATITIS: PATHOGENESIS, DIAGNOSIS, AND THERAPY

P.T. 34; K.W. 0715085, 0745020, 0415000, 0785055, 0760035

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Dates: February 1, June 1, and October 1

PURPOSE

The Pancreas Program of the Division of Digestive Diseases and Nutrition (DDDN) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) supports research and related training into the structure, function, and diseases of the exocrine pancreas. Toward this end, this program seeks to expand its support of basic and clinical research and research training in the broad area of the pathogenesis, diagnosis, and treatment of the various diseases constituting human pancreatitis. Accordingly, applications are invited for regular research project grants, program project grants, FIRST awards, career development awards, and postdoctoral fellowships relating but not limited to: (a) the conduct of epidemiological studies to identify those individuals who are at greatest risk for pancreatic disease and to determine what characteristics (e.g., the roles of diet, alcohol, drugs, exposure to environmental pollutants, and regional factors) predispose certain individuals or groups of individuals to the development of pancreatitis, (b) the development of the ability to safely and conveniently obtain percutaneous or transduodenal biopsy samples of the pancreas from patients with pancreatitis as well as other disorders, (c) a better understanding of the processes involved in the inception and progression of the various types of human pancreatitis, (d) the elucidation of the mechanisms underlying the distant manifestations (e.g., hypovolemia, hypocalcemia, and pulmonary failure) of acute pancreatitis, (e) the development of clinically relevant (i.e., similar to the human disease), simple, inexpensive, noninvasive, and slow to evolve experimental models of the various diseases constituting human pancreatitis, (f) rigorous biochemical studies on the types of inhibitors known or suspected to be present in pancreatic juice from normal man and comparison with those in pancreatic juice from patients with pancreatitis in an attempt to define the breakdown of the cell's first line of defense against premature activation of pancreatic proenzymes, (g) detailed quantitative studies using freeze-fracture electron microscopy of pancreatic tissue afflicted with pancreatitis to determine whether or not tight junctions are primarily or secondarily disrupted, (h) studies of the potential role of the immune system in pancreatitis, (i) the development of precise and convenient diagnostic techniques for the various types of human pancreatitis, and (j) the development of effective methods of prevention and treatment of the various diseases constituting human pancreatitis.

BACKGROUND

Pancreatitis is a general term designating a group of diseases in which the basic lesions are injury of acinar cells and inflammation of the pancreas. Although we know a number of clinical settings which are associated with, and a number of conditions thought to cause pancreatitis, we know almost nothing about its pathogenesis. Moreover, there is lack of agreement regarding the morphological changes which appear during early stages of human acute pancreatitis.

A recent review (M. L. Steer: Workshop on Experimental Pancreatitis. Digestive Diseases and Sciences 30, 575-581, 1985) of the current state of research in experimental pancreatitis and of the possible importance of lysosomal enzymes in the development of pancreatitis indicates that controversy continues to surround the issue of whether basolateral discharge of digestive enzymes occurs in supramaximal stimulation-induced pancreatitis as well as the importance of this phenomenon to the development of pancreatitis. Uncertainties also exist concerning the conditions within the large cytoplasmic vacuoles found during diet- and supramaximal stimulation-induced pancreatitis, leaving open the question of whether or not these conditions would favor trypsinogen activation by cathepsin B. More recently, evidence was provided demonstrating that oxygen-derived free radicals may mediate an early and essential step in the pathogenesis of acute pancreatitis in the isolated, perfused, ex vivo canine pancreas model and suggesting that xanthine oxidase may be the source of their production. Although a large number of animal models of pancreatitis have been reported, the utility of information derived from studies of the animal models has been limited by our ignorance of the extent to which the disease process in animals resembles pancreatitis in humans. Better understanding of the pathogenesis of human pancreatitis should facilitate development of clinically relevant animal models. Other types of systems that could be explored for their potential of being used to establish models of human pancreatic diseases are pancreatic tissues maintained in tissue or organ culture. Overall, however, there is general agreement that great strides in gaining an understanding of pancreatitis have been recently made, and that, to a great extent, this is the result of the availability of experimental models which might be used to evaluate the evolution of pancreatitis at the cellular and the subcellular level as well as models which might be used to evaluate methods of treating pancreatitis. This recent progress suggests that even more important observations may shortly be made and that an effective means of treating and/or preventing this disease may emerge.

Evaluation of the diagnostic accuracy of a symptom, sign, or laboratory test for pancreatitis requires an independent, totally reliable indicator (a "gold standard") of the presence or absence of this condition. For most diseases this gold standard is the presence of appropriate gross or microscopic changes in the diseased organ. Unfortunately, in acute pancreatitis the clinical syndrome is nonspecific, and tissue seldom is obtained for histological verification of disease. In addition, the correlation between the results of a laboratory test and pancreatic histology is far from perfect. As a result, the presence or absence of acute pancreatitis is documented with certainty in only a small percentage of patients in whom this diagnosis is considered. This lack of a certain diagnosis makes it virtually impossible to assess the true diagnostic accuracy of the many tests used for the diagnosis of acute pancreatitis. Knowledge of the pathogenesis of pancreatitis is important, not only in its own right, but it would also serve as a basis for developing a rationale for therapeutic intervention in this disorder and would facilitate development of precise, convenient diagnostic techniques. Precise diagnostic techniques are essential for any clinical trial comparing different therapies as well as for studies designed to elucidate the mechanism via which various clinical settings or agents cause pancreatitis.

Biopsy of the pancreas has long been regarded as a dangerous procedure because of the risk of producing a pancreatic fistula. Newer techniques like needle-aspiration cytology using thin needles under ultrasonic visualization have minimized this problem. Development of the ability to safely and conveniently obtain percutaneous or transduodenal biopsy samples of the pancreas would allow techniques from various disciplines to be applied to the analysis and characterization of the changes in the pancreas which accompany the onset and propagation of the various disease states. When one considers the advances made possible because of our ability to biopsy the liver or small intestine, it seems likely that equally significant progress would occur as a result of the availability of pancreatic biopsy specimens.

MECHANISMS OF SUPPORT AND REVIEW PROCEDURE

Applications considered appropriate responses to this announcement include the traditional research project grant (R01), the program project grant (P01), the FIRST Award (R29), the Individual National Research Service Award (F32), and the following career development awards: the Research Career Development Award (K04), the Clinical Investigator Award (K08), and the Individual Physician Scientist Award (K11). The specific application forms and kits required in this connection are available in the business or grants and contracts offices of most academic and research institutions or may be obtained from:

Office of Grants Inquiries
Division of Research Grants, NIH
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

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Applications in response to this announcement will be reviewed on a nationwide basis in competition with other applications and in accordance with the usual National Institutes of Health peer review procedures. The initial review for scientific and technical merit will be by an appropriate study section of either the Division of Research Grants, NIH or the NIDDK; secondary review will be by the National Diabetes and Digestive and Kidney Diseases Advisory Council. Funding decisions will be based upon relative scientific merit, program relevance, and the availability of appropriated funds.

APPLICATION PROCEDURE

Applications will be accepted on an indefinite basis in accordance with the receipt, Initial Review Group, National Advisory Council, and earliest possible beginning dates specified in the pertinent application kits.

On the first (face) page, item 2, of the application, the word "Yes" should be checked and the phrase "RESPONSE TO NIDDK (DDDN) ANNOUNCEMENT ON PANCREATITIS: PATHOGENESIS, DIAGNOSIS, AND THERAPY" should be typed in the space provided. Additionally, a brief covering letter should accompany the application indicating it is being submitted in response to this program announcement.

The original and six copies of the application should be sent or delivered to:

Application Receipt Office
Division of Research Grants, NIH
Westwood Building, Room 240
Bethesda, Maryland 20892

STAFF CONTACT

For further information concerning this announcement and the mechanisms of support for research and training available in this connection, investigators are encouraged to contact:

G. G. Roussos, Ph.D.
Director, Pancreas Program, and Gastrointestinal Digestion and Immunology Programs
NIDDK, National Institutes of Health
Westwood Building, Room 3A-18A
Bethesda, Maryland 20892
Telephone: (301) 496-7121

This program is described in the Catalog of Federal Domestic Assistance No. 13.848, Digestive Diseases and Nutrition Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

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Vol. 16, No. 2, January 16, 1987

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CLINICAL COORDINATING CENTER FOR A STUDY OF THE PULMONARY COMPLICATIONS OF HTLV-III/LAV INFECTION

RFP AVAILABLE: RFP-NHLBI-HR-87-10

P.T. 34; K.W. 0715120, 0715165, 0755015, 1010013, 0785055

National Heart, Lung, and Blood Institute

The Division of Lung Diseases, National Heart, Lung, and Blood Institute (NHLBI), in cosponsorship with the AIDS Program, National Institute of Allergy and Infectious Diseases (NIAID), is soliciting proposals from offerors who are willing to serve as a clinical coordinating center for a longitudinal study on the pulmonary complications associated with Human T-Lymphotropic Virus, type III/Lymphotropic-Associated Virus (HTLV-III/LAV) infection. The specific objectives of this program are: 1) to collect information on pulmonary complications due to HTLV-III/LAV infection in individuals in various transmission categories (risk groups); and 2) to determine the types, incidence, course and outcome of pulmonary disorders in recently diagnosed patients with acquired immune deficiency syndrome (AIDS), in recently diagnosed (i.e., within 3 to 6 weeks) AIDS-related complex (ARC) patients, and in individuals asymptomatically infected with HTLV-III/LAV.

Physicians who have examined many AIDS patients have the recent impression that a shift is occurring in the types and incidence of pulmonary complications associated with HTLV-III/LAV infection. There appears to be an increased incidence of serious infection with pyogenic bacterium; both pulmonary and extra pulmonary infections with M. tuberculosis have been noted with increased frequency. Nonspecific interstitial pneumonitis appears to be on the rise, and cases of lymphoid interstitial pneumonitis, which is diagnostic of AIDS in children under 13 years old who are HTLV-III/LAV antibody positive, is being seen with increased frequency in adults.

A separate RFP, NHLBI-HR-87-09, has been issued for 6 clinical centers. The participating clinical centers are expected to recruit a minimum of 200 participants, age 18 years and older, during a 12-month recruitment period. The distribution of participants should be: 50 AIDS patients, 50 ARC patients and 100 asymptomatic HTLV-III/LAV-infected individuals. Offerors for clinical centers are also expected to provide a plan for evaluating pulmonary status of each study participant and a plan for maintaining contact with participants over the four-year recruitment and study phase of the project.

The clinical coordinating center will be responsible for: 1) participating in the development and preparation of specific study protocol, reporting forms and manual of operations; 2) standardizing, printing and distributing the study protocol, the reporting forms and the manual of operations; 3) collecting, processing, storing and analyzing data collected from the participating clinical centers; 4) preparing and distributing technical and statistical reports to the clinical centers; 5) assisting the program office in coordinating and managing quarterly meetings of the steering committee and; 6) assisting the program office in establishing a method to review periodically the clinical data.

The clinical coordinating center will be involved actively in the development of the study protocol and manual of operations and will be developing new and/or modified methods of analysis to meet the needs of the clinical centers. Because this program involves research on HIV infections, a burgeoning research area, and because the clinical coordinating center will work closely on a daily basis with the clinical centers, it is anticipated that the clinical coordinating center will require the commitment for a minimum of 10 to 15 hours per week of a physician with knowledge and experience in pulmonary medicine and in the diagnosis, care and treatment of AIDS and ARC patients. In addition, the clinical coordinating center will be required to have senior biostatistical/epidemiological staff who will monitor the clinical centers to ensure that data are forwarded according to an established time schedule, that data are reviewed for completeness, and that quality control is maintained prior to processing. The clinical coordinating center staff will also be responsible for development of computer software necessary for the above mentioned functions.

The study will be conducted in three phases. Phase I (6 months) will include the design of the collaborative protocol, manual of operations and data forms. Phase II will involve the recruitment (1 year) and study and follow-up (3 years) of participants. Phase III (6 months) will be devoted to data analysis.

This announcement is not a Request for Proposals (RFP). It is anticipated that RFP-NHLBI-HR-87-10 will be available on or about January 21, 1987, with proposals due on April 6, 1987. Copies of the RFP may be obtained by written requests addressed to:

Douglas W. Frye, Contracting Officer
for the Division of Lung Diseases
Contracts Operations Branch
National Heart, Lung, and Blood Institute
Westwood Building, Room 654
5333 Westbard Avenue
Bethesda, Maryland 20892

This request should include (3) self addressed mailing labels.

DEVELOPMENT AND IMPROVEMENT OF ANALYTICAL METHODOLOGY FOR ANIMAL DRUG RESIDUES IN TISSUES

RFA AVAILABLE: FDA-CVM-87-1

P.T. 34; K.W. 0710100, 0755010, 0740025

Food and Drug Administration

Application receipt date: March 3, 1987

The Food and Drug Administration (FDA), Center for Veterinary Medicine (CVM), is announcing the availability of approximately $300,000 for fiscal year 1987 for cooperative agreements to support studies on the development and improvement of analytical methodologies for animal drugs and associated residues in tissues. Funds are not presently available for these studies. The government's obligation hereunder is contingent upon the availability of appropriated funds.

The purpose of these agreements is to provide financial assistance to support research for new or improved tissue extraction, clean-up and quantitative procedures, including multi-residue analytical technology for high priority animal drugs. Projects designed to test and evaluate the reliability, performance and practicality of immunoassays in animal drug residue analysis and screening are also of interest.

FDA anticipates making three or four awards averaging $75,000 to $100,000 (direct and indirect costs) each per year. Support for this program may be for a period of up to three years.

FDA encourages prospective applicants to submit a brief one page letter of intent by February 6, 1986. The letter, which should include a short synopsis of the work plan, is not binding and it will not enter into the review of the proposal subsequently submitted. The letter of intent and questions concerning the programmatic aspects of the RFA should be addressed to:

Dr. David B. Batson
CVM/FDA, HFV-500, Room 8-89
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6510

Request for copies of the RFA and application kits should be addressed to:

Olia M. Hopkins
State Contracts and Assistance Agreements Branch (HFA-520)
Food and Drug Administration, Room 15A-17
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6170

STUDIES OF THE OPPORTUNISTIC INFECTIONS ASSOCIATED WITH THE ACQUIRED IMMUNODEFICIENCY SYNDROME

RFA AVAILABLE: 87-AI-10

P.T. 34; K.W. 0715125, 0715165, 0785055, 0710075, 1002008

National Institute of Allergy and Infectious Diseases

Application receipt date: March 19, 1987

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for innovative regular research grants to study the basic biology, pathogenesis, diagnostic tests, and epidemiology of the opportunistic infections associated with infection with HTLV-III/LAV (HIV).

BACKGROUND

The opportunistic infections associated with AIDS produce significant morbidity and mortality among individuals infected with HTLV-III/LAV. It has been difficult to develop effective methods to treat and prevent the opportunistic infections for a variety of reasons. The epidemiology and pathogenesis of a number of the opportunistic infections, e.g., Pneumocystis carinii pneumonia and Mycobacterium avium-intracellulare infections, are incompletely understood. The lack of rapid and reliable diagnostic tests have hindered studies of the natural reservoirs, modes of acquisition, organism variation, and natural history of several of the infections associated with AIDS. Available treatments are not always successful and are commonly associated with significant toxicity; relapses are common. Vaccines are generally not available for these organisms.

Pneumocystis carinii pneumonia (PCP) is a particular problem in AIDS. PCP is the most common life-threatening opportunistic infection in individuals with AIDS and has been diagnosed in about 60 percent of patients at some time during their illness. The organism, its natural reservoir(s), modes of transmission and natural history are incompletely understood.

OBJECTIVES AND SCOPE

The NIAID wishes to encourage ongoing investigations and to stimulate new research to study the basic biology, pathogenesis and epidemiology of the opportunistic infections associated with AIDS and especially wishes to encourage investigations to develop a rapid, reliable, non-invasive test for PCP. Applicants are encouraged to consider research in areas of molecular biology, genetic variation or determinants of virulence of the opportunistic organisms, or immunopathogenesis and the host's response to these infections. The infections of interest are limited to the following: pneumocystosis, toxoplasmosis, cryptosporidiosis, candidiasis, cryptococcosis, mycobacteriosis, herpes simplex virus and cytomegalovirus infections. Such research should lead to an improved fundamental understanding of the pathogenesis of the opportunistic infections and eventually may lead to improved approaches for diagnosis, treatment and prevention.

INQUIRIES

Additional information and copies of the full RFA may be obtained from:

Harold M. Ginzburg, M.D., J.D., M.P.H.
Chief, Epidemiology Branch, AIDS Program
Westwood Building - Room 753
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-0545

STUDIES OF HETEROSEXUALS WITH AIDS OR AT RISK FOR ACQUIRED IMMUNODEFICIENCY SYNDROME

RFA AVAILABLE: 87-AI-08

P.T. 34; K.W. 0715120, 0785055, 0715220

National Institute of Allergy and Infectious Diseases

Application receipt date: March 19, 1987

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for NIH traditional research projects to study the epidemiology and natural history of HTLV-III/LAV (HIV) infection in non-homosexual, non-intravenous drug abusing men and non-intravenous drug abusing women at risk for AIDS.

BACKGROUND

As of October 13, 1986, 983 (4 percent) of AIDS cases reported to the CDC have denied homosexuality, intravenous drug abuse and a history of blood transfusions, but have reported heterosexual contact as the likely source of HTLV-III/LAV infection. Heterosexual contact cases include 441 persons who have had heterosexual contact with a person with AIDS or at risk for AIDS, and 542 persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role. The mechanisms and relative efficiency of heterosexual transmission of HTLV-III/LAV is currently unclear.

The NIAID wishes to study heterosexual men and women in the United States who are at risk for HTLV-III/LAV infection and AIDS to refine our knowledge of the epidemiology, routes and mechanisms of transmission, and relative risk for transmission of the infection. Results of such studies will direct the development of appropriate strategies for prevention and treatment of HTLV-III/LAV infection and AIDS.

OBJECTIVES AND SCOPE

The NIAID wishes to encourage ongoing investigations and to stimulate new research to study the natural history - including, but not limited to, questions concerning modes of sexual transmission, relative importance of male to female and female to male transmission, and the role of cofactors, if any - of HTLV-III/LAV infection in non-homosexual, non-intravenous drug abusing men and non-intravenous drug abusing women with AIDS or at risk for AIDS.

Proposed studies may include case-control studies or prospective studies of heterosexuals at risk for AIDS. Recruiting potential participants may employ a wide variety of techniques such as newsletter or public media announcements, or surveys. Preferably, recruitment will include sexual contact tracing of heterosexual partners of persons with AIDS or HTLV-III/LAV seropositive individuals such as sexual partners of hemophiliacs, intravenous drug abusers, recipients of contaminated blood products, or female partners of bisexual males. Preferable sites of recruitment include, but are not limited to, blood donation sites, drug and alcohol abuse treatment programs, sexually transmitted diseases clinics or other screening sites. Other recruitment approaches will be considered, including enrollment through prostitution services or heterosexual clubs.

INQUIRIES

Additional information and copies of the full RFA may be obtained from:

Harold M. Ginzburg, MD, JD, MPH
Chief, Epidemiology Branch, AIDS Program
Westwood Building - Room 753
Bethesda, Maryland 20892
Telephone: (301) 496-0545

COOPERATIVE AGREEMENTS FOR THE NETWORK OF ACQUIRED IMMUNODEFICIENCY SYNDROME CLINICAL RESEARCH GROUPS

RFA AVAILABLE: 87-AI-09

P.T. 34; K.W. 0715120, 0785035, 0785055, 0415000, 0710030, 0710070, 0710100, 0403004, 0745045, 1002045

National Institute of Allergy and Infectious Diseases

Letter of Intent Date: February 15, 1987
Application Receipt Date: April 1, 1987

The purpose of this RFA is to establish a network of "Acquired Immunodeficiency Syndrome Clinical Research Groups" (AIDS-CRG) whose common research thrust will be the development of new and improved treatment interventions for AIDS. Each of these Groups may also establish a related basic research component and an education and outreach component to disseminate information about treatments and other issues related to the disease.

There is a nationally recognized need to establish AIDS-CRG's. By 1984, AIDS was primarily seen in large coastal metropolitan areas; the epidemic is now spreading to other areas of the country where health care providers have not had the experience of dealing with large numbers of AIDS patients. The AIDS-CRG, as envisioned within this RFA, is an assistance mechanism to enable clinicians at the local level to participate in a national network of facilities whose function will be in part to develop new or improved treatment interventions. A second goal of this RFA is to encourage clinicians to form a cadre of knowledgeable professionals whose research interests will lead to a better understanding of this disease. Groups may be organized with a basic research component that will interact strongly with the clinician or alternatively a group may direct its efforts towards education and outreach to disseminate information about the disease, its treatment, and other issues which may arise.

Awards will be made as Cooperative Agreements. Assistance via a Cooperative Agreement differs from the traditional research grant in that, in addition to the normal programmatic and administrative stewardship responsibilities, the component iNational Institute of Allergy and Infectious Diseases
awarding the Cooperative Agreement anticipates substantial involvement during performance of the project. However, the applying Group must define its objectives in accord with its own interests and perceptions of novel and exploitable approaches and must develop the detail of the research design following the guidance given in this RFA. It is the primary responsibility of the Principal Investigator to clearly state the objectives of the AIDS CRG, to perform the research stipulated in the application and to ensure that the results obtained are published in a timely manner.

The composition of an AIDS CRG is envisioned as consisting of up to three (3) major components; treatment, basic research and outreach programs each headed by a Research Investigator and appropriate staff. Research Investigators will be directly responsible to the Principal Investigator. The expertise of the Research Investigators and supporting staff may be in somewhat diverse scientific disciplines appropriate to the realization of a particular Group's research objectives.

Copies of the complete RFA are available from:

Dr. John R. La Montagne
Director, Acquired Immunodeficiency Syndrome Program
National Institute of Allergy and
Infectious Diseases
Bethesda, MD 20892
Telephone: (301)-496-0545

COOPERATIVE AGREEMENTS FOR INVESTIGATIONS ON VACCINE ADJUVANTS

RFA AVAILABLE: 87-AI-11

P.T. 34; K.W. 0715120, 0740075, 0710070

National Institute of Allergy and Infectious Diseases

The Prevention Branch of the Acquired Immunodeficiency Syndrome Program of the National Institute of Allergy and Infectious Diseases invites applications for Cooperative Agreements to support research projects to investigate the development and characterization of vaccine adjuvants for eventual clinical usage. The purpose of this RFA is to encourage studies on new formulations of adjuvants; the mechanism of action of adjuvants; evaluation of vaccine-adjuvant mixtures as immunogens in appropriate animal models, including protection against challenge; and, after appropriate preclinical testing has been done, evaluation in clinical trials.

Although there is a need for such adjuvants for many new potential vaccine antigens, it is anticipated that the need may be particularly acute for AIDS vaccines because of the relatively low titers of neutralizing antibodies observed in experimental situations and the current thrust for vaccine development which is predominantly aimed at small subviral antigens. A successful adjuvant for HTLV-III/LAV protein,glycoprotein or peptide antigens should also have a high probability of success when used with chemically similar antigens derived from the many other infectious agents in which the NIAID is interested.

Awards will be made as Cooperative Agreements. Cooperative agreements are awarded to both nonprofit and profit organizations and institutions. This type of solicitation is utilized when it is desired to encourage investigator initiated research projects in areas of special importance to the NIH and where substantial programmatic involvement by staff is anticipated

Copies of the complete RFA may be obtained from:

Chief, Prevention Branch, AIDS Program
National Institute of Allergy and Infectious Diseases
Westwood Building - Room 753
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-0545

COOPERATIVE AGREEMENTS FOR POSTMENOPAUSAL ESTROGEN/PROGESTIN INTERVENTIONS (PEPI)

RFA AVAILABLE: 87-HL-06-H

P.T. 34; K.W. 0755015, 0760025, 0411005, 0765030, 0785025, 0785050, 0785135

National Heart, Lung, and Blood Institute

Application receipt date: April 17, 1987

The Lipid Metabolism-Atherogenesis Branch of the Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Cooperative Agreement Applications (RFA) on the above subject. The National Institute of Child Health and Human Development, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Diabetes and Digestive and Kidney Diseases and the National Institute on Aging are also participating in the funding of this RFA. Copies of the RFA are currently available from staff of the NHLBI.

This program will support Clinical Centers and a Coordinating Center to participate with the NHLBI in the design and performance of a collaborative randomized clinical study to assess the effects of various postmenopausal estrogen replacement therapies on selected cardiovascular disease risk factors and osteoporosis risk factors, as well as other parameters. It is expected that research will involve a variety of oral and parenteral treatment arms and interdisciplinary expertise in lipidology, gynecology, bone metabolism, hematology, endocrinology, internal medicine, cardiology, epidemiology, biostatistics and quality control.

Requests for copies of the RFA should be addressed to:

Ms. Irma L. Mebane
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 401
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-1681

NEW INITIATIVES IN DRUG ABUSE

P.T. 34, AA, FF; K.W. 0404009, 0725020, 0411005, 0755025, 0415000, 0745055

National Institute on Drug Abuse

Application receipt date: April 1, 1987

The National Institute on Drug Abuse (NIDA) wishes to announce considerable expansion of its research program. The President and Congress have undertaken several new initiatives that have greatly increased the availability of research funds in the areas of drug abuse and drug abuse-related AIDS. There is now a unique opportunity for scientists working in widely disparate disciplines to focus their talent on finding solutions to these serious national problems.

Researchers not already working in the field of drug abuse are invited to consider whether their work may have direct relevance to our research mission. Recent advances in many fields, such as those that have occurred in molecular biology, computer modeling of complex social systems, or analyses of animal and human behavior, may have drug abuse applications. While NIDA is interested in any study that will increase our scientific knowledge, we are especially interested in receiving grant applications in the following areas of research:

- INTRAVENOUS DRUG USE AND AIDS: relationships between drug use and AIDS; prevention of infection; drug effects as co-factors for AIDS; perinatal and heterosexual transmission of the virus; drug treatment and AIDS, incidence/prevelance; studies of at-risk individuals; and, the impact of drug abuse related AIDS on the community.
- COCAINE AND "CRACK": populations at risk; physiological and psychological hazards of use; etiology and prevention; innovative treatment approaches; natural history of drug use; basic mechanisms of action and effects; and, the drug distribution network.
- DRUGS IN THE WORKPLACE: incidence/prevalence; techniques for detecting the problem and measuring its impact; prevention of drug abuse in the workplace; effect of drugs on performance; evaluations and strategies for EAP programs; and, policy studies related to drugs in the workplace.

- VULNERABILITY TO DRUG ABUSE: studies of genetic and environmental factors; special populations at risk; family and community studies; and, development of genetically focused animal models.

- BIOMEDICAL ASPECTS OF DRUG ABUSE: studies of the neurobiology of reinforcement; studies of the dynamics of drug detection; development of new treatment drugs; pharmacokinetics of abused drugs; behavioral and biological factors in the psychotropic response to drugs; and, molecular biological studies of drug-receptor interactions.

- PREVENTION: new early intervention techniques, testing and evaluation of prevention strategies; development of new scales and methods to identify and measure effects; and, studies of the etiology of drug abuse.

- TREATMENT: development and testing of new treatment drugs and new treatment strategies for drug addiction; studies of strategies for getting and retaining drug abusers in treatment; studies of recidivism and techniques for dealing with it; nosology and diagnosis; and, development of diagnostic instruments.

- ETHNIC, MINORITY, JUVENILE, AND SPECIAL POPULATIONS: etiology, prevention, incidence, and treatment of drug abuse in these and in especially hard-to-reach groups such as school drop-outs, the homeless, or run-away youth.

The last regular receipt date for all NIDA grant applications for FY 1987 funding is February 1, 1987. However, a special receipt date of April 1, 1987 has been established for certain areas in this fiscal year. This date is for applications submitted under new program announcements, which have recently been issued or are about to be issued. These announcements invite applications in particular areas, which are targeted for emphasis in connection with the additional AIDS funds and the enhanced drug abuse program. Applications also are encouraged on an ongoing basis in all of the above areas.

For further information about our research programs, announcements, and particularly about areas in which applications may be submitted for the April 1, 1987 receipt date, call:

Biomedical Sciences, Neurosciences, and Pharmacology
Dr. Marvin Snyder
Director,Division of Preclinical Research
Telephone: (301) 443-1887

AIDS, Behavioral Studies, Prevention, and Treatment
Dr. Roy Pickens
Director, Division of Clinical Research
Telephone: (301) 443-6697

Epidemiology, Incidence, Prevalence, Natural History,
Etiology
Mr. Edgar Adams
Director, Division of Epidemiology/Statistical Analysis
Telephone: (301) 443-6504

Drugs in the Workplace, Employees Assistance Programs,
Work Policy
Dr. Michael Walsh
Office of Workplace Studies, Performance Initiative
Telephone: (301) 443-1263

Drug Abuse and Minorities
Ms. Catherine Bell
Office of Science
Telephone: (301) 443-1514

AIDS COMMUNITY OUTREACH DEMONSTRATION PROJECT

P.T. 34; K.W. 0715120, 0403004, 0502017, 1004017, 0404000

National Institute on Drug Abuse

Application Receipt Date: April 1

The Acquired Immunodeficiency Syndrome (AIDS) Outreach Demonstration Program has been established to provide grant support to approximately five Standard Metropolitan Statistical Areas (SMSAs) in order to demonstrate the effectiveness of comprehensive community-based outreach and intervention strategies in reducing the spread of the acquired immunodeficiency syndrome (AIDS) among intravenous drug abusers and their sexual partners.

BACKGROUND

Intravenous drug users comprise the second largest group at risk for AIDS. As of October 1, 1986, more than 4,500 cases of AIDS among heterosexual intravenous(IV) drug users had been reported to the Centers for Disease Control. This constitutes 17 percent of the overall AIDS cases reported in the United States. In addition, 8 percent of AIDS cases are homosexual or bisexual IV drug users. Reported AIDS patients who are IV drug abusers are predominately black (51%) or Hispanic (30%).

It is estimated that 250,000 to 350,000 IV drug abusers are already infected with the virus and that 25 percent of those infected will develop AIDS by the end of 1991. The latency period between infection with the virus and development of AIDS currently averages four or more years. In the meantime, those who are seropositive will--through the sharing of needles and sexual contact--be infecting many thousands of others. Intravenous drug users are the primary link to two other groups at risk--heterosexual partners and children.

Drug abuse treatment is one method of preventing the spread of AIDS among IV drug users and reducing chances of AIDS exposure by allowing clients to eliminate their needle use and to learn about other risk reduction activities (i.e., safe sex). There is a crucial need to reach IV drug users not in treatment and to target AIDS prevention messages to those who will not enter treatment. It has been estimated that, for every IV drug abuser in treatment, there are seven IV drug users not in treatment. Critical questions for the field are: Who can provide the outreach/early intervention? Who can take the AIDS prevention messages to the IV drug abusers in the community? Who is going to reach the sexual partners of IV drug abusers?

Community-based treatment programs are in a position to establish or expand outreach components, to attract high-risk heroin addicts into treatment and to get IV drug abusers not in treatment to modify their behavior.

INSTRUCTIONS

Proposals should include detailed descriptions of approaches to reach target populations of IV drug abusers, potential users and sex partners of IV drug abusers, educate them about AIDS, and change their behavior in ways that will reduce the risk and spread of AIDS. Special efforts should be made to encourage IV drug users to enter and get maximum help from treatment.

Community demonstration grant applications should address:

1 Community Resource Network

Applicants should submit a method and schedule for development of a resource network that will integrate activities of hospitals, agencies, and community organizations in the target area. The applicant shall describe the services offered, and how they will be used. Drug abuse treatment programs involved in the effort should be described, with information about the clients served, caseload capacity, staff training and involvement in AIDS activities. Information should be given about programs that have had HTLV-III/LAV testing; available findings regarding seropositive rates should be provided. Alternative HTLV-III/LAV test sites should be identified. Agreements with agencies and organizations that will be supporting the community demonstration project should be submitted as part of the application.

2 Outreach Component

One focus should be on outreach in a variety of settings. Outreach approaches should include:(a) The use of indigenous outreach workers to identify, reach and communicate with IV drug abusers and associates in their natural communities. Indigenous outreach workers should be trained to survey high impact neighborhoods, identify social networks of IV drug users and the sites where they congregate (copping areas, shooting galleries, hangouts, etc.), contact IV drug users, their associates and neighborhood residents, assess risk factors (needle sharing, sexual practices, etc.), provide a range of viable alternatives, reinforce adoption of risk reduction measures, and make referrals to drug abuse treatment programs and other agencies. (b) The use of community outreach workers employed by drug abuse treatment programs to contact neighborhood groups, "network" (identify and contact associates, sex partners, and families of IV drug users); (c) Outreach to hospital emergency rooms, health care, and social service agencies to identify, contact. and counsel IV drug users. (d) Outreach to criminal justice settings, contact with the probation and parole officers of IV drug abusers.

Innovative outreach methods designed to reach target populations, are encouraged. Special attention should be given to methods of reaching and communicating with minority and ethnic populations.

Applicants should delineate criteria to be used in hiring outreach workers and describe how staff will be trained, and supervised. Estimates should be given of the types and projected numbers of individuals and community agencies/resources likely to be reached.

3 AIDS Prevention Education

Applicants should define specific education goals, describe the AIDS prevention education messages to be delivered to target groups, and the ways in which these messages will be delivered. Prevention efforts should include at least four levels:

Providing basic factual information about AIDS and HTLV-III/LAV as a context for behavioral change; o Engaging people at-risk in a realistic assessment of their risk for HTLV-III/LAV infection and their potential for transmitting the virus to others to prepare them for making changes; o Interacting directly with at-risk individuals to negotiate behavioral changes, i.e., risk-reduction activities to prevent infection or transmission of virus; o Information programs for spouses and sexual partners.

Since minority drug abusers are at high risk for AIDS, it is important to be sensitive to ethnic/cultural factors and capable of effectively communicating to minority populations both the risks and steps for overcoming the risks. Applicants should describe methods and approaches to be used in reaching and communicating with minorities.

4 Assessment and HTLV-III LAV Testing

All individuals in the target groups, particularly those who shared needles and syringes ("works") since 1978, are at risk for HTLV-III/LAV infection. Confidential voluntary antibody testing must be made available to this group and to their sexual partners/ children born since 1978. IV drug users who initially test negative shall also be offered retesting four months later.

Studies indicate that the majority of IV drug users who learn about the HTLV-III/LAV test want to know their antibody status. Therefore, outreach workers and treatment program staff must be prepared to respond to questions about testing and must be familiar with information concerning what the HTLV-III/LAV antibody tests are and how they are administered; what the tests confirm; confidentiality issues associated with testing; and ways of transmitting this information. Educational materials have been developed by NIDA as appropriate.

Applicants should describe plans for training outreach staff to help individuals decide when testing is appropriate and to tailor education to the seropositivity status of particular individuals; how HTLV-III/LAV testing will be made available at no cost to individuals who desire such testing--the estimated numbers to be tested, and the testing sites; how test results will be given to individuals tested and the specific steps that will be taken to make sure that individuals know the meaning of results and are referred for counseling; procedures to guarantee the confidentiality of test results; how individuals tested will be provided counseling regarding risk/transmission reduction.

5 AIDS Referral System

This grant program is also intended to help communities establish outreach and intervention services, organize existing resources, and add basic components that do not currently exist for IV drug abusers who are seropositive, have ARC or AIDS. It is not intended to replace or duplicate services. It is therefore important for applicants to describe referral services and how existing services will be used. The types of services which staff, including outreach workers, will be expected to pursue for clients include emergency and routine medical care; legal counseling and services; military benefits; financial aid; housing assistance; family services; educational assistance; recreational services; and special services.

6 Procedures for Achieving Behavioral Change

Applications should describe procedures for individuals and/or groups to achieve each type of targeted behavioral change that will reduce risk of HTLV-III/LAV infection and AIDS; plans for training staff to help individuals achieve behavioral change goals; and methods for followup to sustain and reinforce changes in behavior.

7 Evaluation

Evaluation will be conducted at two levels:(a.) The process evaluation which should describe the methodology for (1) clues as to how an outcome evolved and the components that helped produce the results; and (2) help to determine whether a particular intervention by itself caused something to happen or if other factors were also involved. The evaluation should document activities at the community level, who is involved and accomplishment. It should include identification of the target groups, a description of the outreach efforts, the use of resources for the programs and the qualifications of the staff participating in the efforts. The process evaluation should be designed to capture the dynamics and characteristics of the operational program. Techniques used in the process evaluation should be described and data collection forms and systems elaborated. The applicant should present staff capabilities for conducting the process evaluation.(b.) The national outcome evaluation which will be conducted by NIDA, under contract, to determine the effectiveness of the project nationally, compare outcomes in different communities, and obtain information about seropositive rates.

The grantee will participate in across-site studies to achieve these ends and will make use of questionnaires developed by NIDA. Grantees will be required to administer two questionnaires:(1) The AIDS Initial Assessment (AIA); and (2) the AIDS Followup Assessment (AFA). The AIA will be administered to each user targeted for outreach/treatment upon initial contact. The AFA will be administered to the same individual four months and one year after the AIA and yearly thereafter. For those persons participating in HTLV-III/LAV testing, the AIA should be given prior to testing. Clients who are seronegative will be offered retesting for HTLV-III/LAV 4 months later when the first AFA is given.

In this collaborative evaluation effort, the grantee will provide staff to administer the AIA and the AFA and collect required information on testing. The NIDA contractor will provide copies of the instruments, train grantee staff to administer the instruments, conduct data analyses and prepare the national evaluation report.

FACILITIES

Applicants should identify the type and location of facilities, including office space, locations where individuals in the target population can meet with outreach workers and counselors; and facilities in target areas to support outreach efforts.

ELIGIBLE APPLICANTS

For-profit and non-profit public and private entities, located or providing services in the 15 SMSAs named below are eligible to apply for these grant awards. These include public or private agencies, local health departments, and consortia of health care and community organizations which are capable of implementing a comprehensive AIDS outreach demonstration project.

NIDA intends to make available approximately $5 million per year to be expended by grantees over a 3-year period to support Demonstration Program projects in 5 of the 15 SMSAs listed below. Only one grant award will be made per State. The following SMSAs (with highest incidence of AIDS cases) qualify for funding under this grant announcement: New York City, Nassau County, Newark, Jersey City, Patterson, San Francisco, Los Angeles, Miami, Washington, D.C., Philadelphia, San Juan, Houston, Dallas, Chicago, and Boston.

APPLICATION PROCESS:

Applicants should use the standard grant application form (PHS 398, rev. 5/82); however, state and local government agencies may use form PHS 5161.

Grants Management Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10-25
Rockville, Maryland 20857
Telephone: (301 443-6710

Further information on the program can be obtained from:

Chief, Community Research Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-37
Rockville, Maryland 20857
Telephone: (301) 443-6720

LOCAL REVIEW AND COORDINATION

A copy of the application should be submitted to the State drug abuse authority no later than April 1, 1987, for review along with notice that the State drug abuse authority may, if it wishes, send comments to the Chief, Community Research Branch at above address by May 1, 1987.

REVIEW PROCESS:

Applications received under this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants. Review criteria will include overall technical merit, evidence of collaborative arrangements, organizational capability to implement demonstration program and conduct a process evaluation, the ability of the applicant to participate in collaborative national evaluation; potential contribution of the demonstration program to new knowledge, and evidence of coordination with appropriate drug abuse and public health agencies, community organizations, social service agencies, educational institutions and law enforcement authorities. It is estimated that five projects will be funded under this announcement during FY 1987. Initiation of new projects after FY 1987 will depend on availability of funds. Applications received in response to this announcement will compete for approximately $5 million in new grant money that has been made available for this purpose. Support will be provided for a period of up to three years (renewable for subsequent periods) subject to continued availability of funds and progress achieved.

CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 13.279. Awards will be made under authorization Section 301 of Public Health Service Act, as amended, 42 USC 241, and administered under PHS grant policies and Federal Regulations 42 CFR Part 52. This program is not subject to the intergovernmental review requirements of Executive Order 12372 as implemented through HHS regulations at 45 CFR Part 100.

STUDIES ON PAPILLOMAVIRUS-HOST INTERACTIONS

RFA AVAILABLE: 87-CA-19

P.T. 34; K.W. 0705040, 0715035, 1002004, 1002008, 1002045

National Cancer Institute

Application Receipt Date: August 3, 1987

INTRODUCTION

The Biological Carcinogenesis Branch, Division of Cancer Etiology, National Cancer Institute is inviting grant applications from interested investigators to elucidate the mechanisms of interaction between papillomaviruses and their host tissues, the squamous epithelium, which may lead to the development of malignant tumors of these tissues. Both the cellular processes leading to the transformation of individual cells and the immune response mechanisms responsible for the spontaneous regression of papillomavirus associated lesions are the focus of this request. The present RFA announcement is for a single competition with a deadline of August 3, 1987 for receipt of applications. Applications should be prepared and submitted in accordance with the aims and requirements described in the complete RFA document and summarized in the following sections.

RESEARCH GOALS AND SCOPE

The major emphasis of research to be funded under this RFA will be basic studies on papillomavirus-host interactions at both the cellular and immune response levels. The scope of this RFA will include human and animal papillomaviruses (PVs). Examples of studies (which are not all emcompassing) are: 1) characterization of the viral and cellular control mechanisms which govern the relationship between viral gene expression or viral latency and the differentiation or transformation state of squamous epithelial cells; 2) characterization of the phenotype of PV transformed squamous epithelial cells; 3) investigations of the mechanisms of viral entry into cells and the tissue selectivity of PVs; 4) development and utilization of novel cell culture or other systems for PV propagation and transformation assays; 5) identification and determination of the mechanism of action of co-factors in PV transformation of cells such as physical/chemical co-carcinogenes or other viral infections; 6) identification of viral or cellular epitopes on infected or transformed cells which may mediate the regression of PV lesions; 7) isolation and characterization of immunocompetent cells (e.g. cytotoxic T-lymphocytes) and humoral antibodies specific for PV proteins or other markers of PV associated neoplastic lesions and the development of specific assays to measure the immune response of patients to these markers.

MECHANISM OF SUPPORT

The mechanism of support for this RFA will be the traditional National Institutes of Health (NIH) research project grant. Responsibility for the planning, direction and execution of the proposed research will be solely that of the applicant. The total project period for applications submitted in response to the present RFA should not exceed five years. Approximately $750,000 will be set aside to specifically fund applications which are submitted in response to this RFA. It is anticipated that five to six applications will be funded. This funding level is dependent on the receipt of a sufficient number of applications of high scientific merit. The earliest feasible start date for the initial awards will be April 1, 1988. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. Non-profit and for-profit institutions are eligible to apply. Foreign as well as domestic institutions are eligible. All applications submitted in response to this announcement will be classified as new grants (Type 1). Future competitive renewal applications of grants funded under this RFA will compete with all other unsolicited applications received by the NCI. PHS grant policies governing regular research project grants apply to applications received in response to this request.

INQUIRIES

A copy of the complete RFA describing the research goals and scope, the review criteria, and the method of applying can be obtained by contacting:

Dr. Alan A. Schreier
Program Director, DNA Virus Studies II
Biological Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Landow Building - Room 9A22
Bethesda, Maryland 20892
Telephone: (301) 496-1953

Inquiries concerning this announcement are encouraged and should be directed to Dr. Alan A. Schreier at the above address and phone number. The program staff would appreciate the opportunity to clarify any issues or questions.

STUDIES OF FUNCTIONAL ANTI-SENSE RNA IN ONCOGENIC VIRAL SYSTEMS

RFA AVAILABLE: RFA-87-CA-18

P.T. 34; K.W. 1002045, 0715035, 0790010, 0755040

National Cancer Institute

Application Receipt Date: August 3, 1987

INTRODUCTION

The Biological Carcinogenesis Branch, Division of Cancer Etiology, National Cancer Institute is inviting grant applications from interested investigators to systematically evaluate the function of anti-sense RNA in animal cells using in vitro oncogenic virus model systems. The present RFA announcement is for a single competition with a deadline of August 3, 1987 for receipt of applications. Applications should be prepared and submitted in accordance with the aims and requirements which are described in the complete RFA document and summarized in the following sections.

RESEARCH GOALS AND SCOPE

The major emphasis of the research to be funded under this RFA is the development and utilization of an in vitro model for the systematic evaluation of the function of anti-sense RNA in animal cells, using oncogenic human or animal viruses as model systems. Since the long term goal of this research is to ascertain the potential usefulness of anti-sense RNA in suppressing oncogenic viral products, the model chosen should have specific applicability to such a system and should preferably involve an inducible promoter. The model should be suitable for studying such parameters as: 1) the genetic/regulatory elements of molecular constructs/vectors needed for optimal expression of the anti-sense RNA, including determination of the requisite regions of complementarity between the normal sense gene and/or gene transcript and the anti-sense RNA, 2) the stage of gene expression (transcription vs. translation) at which anti-sense RNA acts, 3) the stability of the anti-sense RNA, 4) the site of action (nucleus vs. cytoplasm) of anti-sense RNA, 5) the quantitation of the sense product and/or of the alteration of the sense phenotype,

6) the effects of cell type on the expression and function of anti-sense RNA, and 7) the detection of the action of other compensatory genes which may obscure or reverse the effects of anti-sense RNA.

MECHANISM OF SUPPORT

The mechanism of support for this RFA will be the traditional National Institutes of Health (NIH) research project grant. Responsibility for the planning, direction and execution of the proposed research will be solely that of the applicant. The total project period for applications submitted in response to the present RFA should not exceed five years. Approximately $500,000 will be set aside to specifically fund applications which are submitted in response to this RFA. The earliest feasible start date for the initial awards will be April 1, 1988. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. Non-profit and for-profit institutions are eligible to apply. Foreign as well as domestic institutions are eligible. The present RFA announcement is for a single competition with a deadline of August 3, 1987 for receipt of applications. All applications submitted in response to this announcement will be classified as new grants (Type 1). PHS grant policies governing regular research project grants apply to applications received in response to this request.

INQUIRIES

A copy of the complete RFA describing the research goals and scope, the review criteria, and the method of applying can be obtained by contacting:

Dr. Susan B. Spring
Program Director, DNA Virus Studies I
Biological Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Landow Building, Room 9A22
Bethesda, Maryland 20892
Telephone: (301) 496-4533

Inquiries concerning this announcement are encouraged and should be directed to Dr. Susan B. Spring at the above address and phone number. The program would appreciate the opportunity to clarify any issues or questions.

ERRATUM

RESEARCH INTO METHODS OF RESEARCH THAT DO NOT USE VERTEBRATE ANIMALS, USE FEWER VERTEBRATE ANIMALS, OR PRODUCE LESS PAIN AND DISTRESS IN VERTEBRATE ANIMALS USED IN RESEARCH

P.T. 34; K.W. 0755020, 0710030, 1002027, 0780015, 0780020

Division of Research Resources

The above-captioned announcement incorrectly listed four staff contacts for the National Heart, Lung, and Blood Institute (NHLBI). Please direct all inquiries related to NHLBI research in this area to:

National Heart, Lung, and Blood Institute
Dr. Henry G. Roscoe
Westwood Building, Room 7A17A
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7225

In addition, a contact point for the National Eye Institute (NEI) was omitted from the original announcement. For information regarding NEI programs, please contact:

National Eye Institute
Dr. Michael D. Oberdorfer
Director, Amblyopia and Visual Processing Program
Building 31, Room 6A47
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5301

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VOL. 16, NO. 5, FEBRUARY 6, 1987

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EXTRACTION AND PURIFICATION OF RAT PITUITARY HORMONES

RFP AVAILABLE: RFP-NIH-NIDDK-87-3

P.T. 34; K.W. 0780005, 0760025

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK) is soliciting contract proposals from organizations with the capabilities and facilities to provide for the extraction and purification of rat pituitary hormones.

This Request for Proposals, RFP NIH-NIDDK-87-3, will be available on or about February 9, 1987 with a closing date set for March 31, 1987. To receive a copy of the RFP, please supply this office with two self addressed mailing labels. Requests for the RFP should be sent to the following address:

Shirley A. Shores
Contracting Officer
National Institute of Diabetes, and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

This advertisement does not commit the Government to award a contract.

ASSESSMENT OF THE IMPLEMENTATION AND IMPACT OF THE COMMUNITY CLINICAL ONCOLOGY PROGRAM, PHASE II

RFP AVAILABLE: NCI-CN-75415-43

P.T. 34; K.W. 0785140, 0785035, 0403004, 0795005

National Cancer Institute

The National Cancer Institute, Prevention and Control Contracts Section, is soliciting contract proposals for assessment of the implementation and impact of the Community Clinical Oncology Program, hereafter referred to as CCOP II in this document. Under CCOP II, approximately 50 CCOPs and 10 research bases will be supported for three years to conduct clinical treatment and other cancer control research.

The CCOP II will place new requirements on existing CCOPs, new CCOP applicants, research bases and NCI. The purpose of this acquisition is to assess: 1) the extent to which the CCOPs II, research bases and NCI implement and manage these new requirements; 2) the impact of the CCOP II program on cancer control research; 3) the impact of the cancer control interventions on community practices; and 4) the effect of CCOP II on cancer control activities in the community not specifically driven by the actual research conducted.

The Contractor will be responsible for design, implementation and analyses of all phases of the evaluation. The project will include primary collection by the Contractor of detailed descriptive information about each CCOP II, as well as the supervision of multi institutional data collection, quality control, and reporting and statistical analysis of technical biomedical data.

Offerors should have experience in large-scale program evaluation studies in health-related fields; experience in managing large-scale cancer data bases, and statistical analysis using the data bases and data quality control; and experience in conducting research in the study of diffusion and knowledge transfer in the area of health services/biomedical research especially related to cancer and/or cancer control. The personnel requirements include: 1) a physician with a minimum of three years of clinical experience in multi-institutional clinical trials with a demonstrated competence through publications in referenced journals; 2) a doctorate level person in Biostatistics/Epidemiology (or equivalent) with substantial experience in the development and analysis of large-scale clinical data bases and the technical design and implementation of health services research in operational settings; and 3) a doctorate level person in health policy/medical sociology or the equivalent with substantial experience in the conduct of studies of health care organizations and their role in changing physician behavior.

It is anticipated that a four-year, incrementally funded cost reimbursement type contract will be awarded to the successful offeror. RFP NCI-CN-75415-43 will be available on February 6, with proposals due on March 23. A reading room will be made available.

Copies of the RFP may be obtained by sending a written request, citing the RFP number to:

Diana L. Wheeler
Contract Specialist
National Cancer Institute, NIH
Research Contracts Branch
Blair Building, Room 2A07
Bethesda, Maryland 20892

A CLINICAL TRIAL FOR THE USE OF NOVEL THERAPIES IN BONE MARROW TRANSPLANTATION

RFP AVAILABLE: RFP-NIH-NIAID-IAIDP 87-29

P.T. 34; K.W. 0745065, 0755015, 0705005, 0710125

National Institute of Allergy and Infectious Diseases

The National Institutes of Health (NIH) has a requirement for the acquisition of a Clinical Trial of the Use of Novel Therapies in Bone Marrow Transplantation.

The Genetics and Transplantation Biology Branch of the Immunology, Allergy and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) is soliciting contract proposals from organizations having the capabilities and facilities for conducting a clinical trial on the use of novel therapies in allogeneic bone marrow transplantation. Offerors should have demonstrated expertise in allogeneic bone marow transplantation and immunotherapeutic technologies as well as experience in the conduct of clinical trials.

The NIAID-sponsored project will take approximately four years to complete. The work will require clinical and immunologic monitoring of study populations, treatment of bone marrow, assessment of graft-versus-host disease and lymphocyte profiles and data analysis of efficacy of treatment.

Multi-institutional collaborative agreements to conduct the clinical trial are encouraged although this would not preclude an award to a qualified individual institution.

Two contracts may be awarded. The RFP will be available on February 17; proposals will be due on April 17.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office listed above.

All responsible sources may submit a proposal which shall be considered by the NIAID.

Rosemary L. McCabe
Contracting Officer
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 707
5333 Westbard Avenue
Bethesda, Maryland 20892

CLINICAL EVALUATION OF THE RELATIVE EFFICACY AND SAFETY OF INTRAVENOUS PREMEDICATION IN DENTISTRY

RFP AVAILABLE: NIH-NIDR-3-87-1R

P.T. 34; K.W. 0785040, 0740025, 0715150

National Institute of Dental Research

The National Institute of Dental Research plans to issue a request for proposals for a collaborative clinical study of prototypical drug regimens administered intravenously to alleviate patient apprehension and pain during outpatient dental procedures. From two to five contractors will be selected to carry out a collaborative protocol developed by the contractors and NIDR.

Phase I of the study will include: design of the protocol; selection of prototype drugs and doses; development of a manual of procedures, subject data forms for a field test, and data quality control procedures; and development of a common data management and analysis system. Phase II will involve recruitment of subjects, data collection, and quality control monitoring. During Phase III, data analysis and collaborative publication of the study results occur.

Each contractor will be expected to provide a minimum of 100 male subjects or nonpregnant female subjects during each of the projected two years of data collection. Each subject must be in need of the surgical removal of 2-4 impacted third molars.

RFP NIH-NIDR-3-87-1R will be available approximately February 27, 1987, with a due date for proposals of April 10, 1987. Requests for a copy of the RFP should be in writing to:

Mr. William C. Roberts
Contracting Officer
National Institute of Dental Research
Westwood Building, Room 521
Bethesda, Maryland 20892

DRUG ABUSE TREATMENT RESEARCH CENTERS

DA-87-18

P.T. 34; K.W. 0404009, 0710030, 0415000

National Institute on Drug Abuse

Application receipt dates: April 1, 1987 and October 1, 1987

Grant support from the National Institute on Drug Abuse (NIDA) is available for establishing Drug Abuse Treatment Research Centers to conduct interdisciplinary research on the treatment of drug abuse. Funding for each Center may be up to a maximum of $700,000 (direct costs) for each year of operation.

An important consideration in the present state of the drug abuse treatment field is the need to systematically test treatment strategies in controlled designs, and to obtain adequate numbers of subjects to allow generalizations about the types of clients for whom a treatment is effective, and the circumstances under which it is effective. Such research requires larger numbers of clients and programs than are available in single-site projects, and it may be necessary to combine subject pools from a number of projects or Centers for some analyses. Therefore, applicants are encouraged to consider coordination between related studies, and between Centers doing similar work. Cooperative efforts will be facilitated by NIDA.

Further information and consultation on program:
Jack Blaine, M.D., or Frank Tims, Ph.D.
Treatment Research Branch, Division of Clinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-30
Rockville, Maryland 20857
Telephone: (301) 443-4060.

APPLICATION RECEIPT AND REVIEW SCHEDULE

Applications are invited for a special receipt date of April 1, 1987 for funding in FY 1987. Contingent on the availability of funds, applications are also being invited for the October 1, 1987 receipt date for consideration for funding in FY 1988. For review and funding criteria, applicants are invited to request the full text of the announcement from NIDA.

DRUG ABUSE ASPECTS OF THE ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

DA-87-11

P.T. 34; K.W. 0715120, 0404009, 0502017, 0745055, 0785055

National Institute on Drug Abuse

Initial application receipt date: April 1, 1987
Subsequent application receipt dates: June 1, October 1, February 1

The purpose of this announcement is to stimulate research on the interrelationships between AIDS and drug abuse. One focus of this research is health education/prevention directed towards minimizing the spread of the AIDS virus among drug abusing populations and, hence, to the general population. A second focus is the identification and study of co-factors that influence the spread and the clinical course of Human T-cell Lymphotropic Virus, Type III/Lymphadenopathy Associated Virus (HTLV-III/LAV) infection. A third focus is the study of the immunological manifestations of HTLV-III/LAV infection with an emphasis on effects of drug abuse on vulnerability, clinical course and outcome of viral infection. A fourth research focus is the clinical epidemiology and natural history of HTLV-III/LAV infection and associated diseases in drug users, their sexual partners and offspring.

Further information and consultation on program requirements can be obtained from:

Sander G. Genser, M.D., M.P.H.
Peter I. Hartsock, Dr.P.H.
Harry W. Haverkos, M.D.
Clinical Medicine Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-08
Rockville, MD 20857
Telephone: (301) 443-1801

TREATMENT OF INTRAVENOUS DRUG ABUSERS TO REDUCE THE SPREAD OF AIDS

DA-87-14

P.T. 34; K.W. 0715120, 0415000, 0745005, 0715020

National Institute on Drug Abuse

Initial application receipt date: April 1, 1987
Subsequent application receipt dates: June 1, October 1, February 1

PURPOSE

The purpose of this announcement is to stimulate research in the treatment of intravenous drug abuse, in order to reduce the spread of acquired immunodeficiency syndrome (AIDS) among intravenous drug abusers. The research will improve the effectiveness of existing strategies and abuse; (2) attracting more intravenous drug abusers into treatment; and (3) preventing relapse following treatment. Both pharmacological and behaviorally-based interventions are encouraged.

Further information and consultation on program requirements can be obtained from:

Chief, Treatment Research Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-30
Rockville, MD 20857
Telephone: (301) 443-4060

STUDIES OF HETEROSEXUAL AND PERINATAL TRANSMISSION OF AIDS ASSOCIATED WITH INTRAVENOUS DRUG ABUSE

DA-87-12

P.T. 34; K.W. 0715120, 0404009

National Institute on Drug Abuse

Initial application receipt date: Aril 1, 1987
Subsequent application receipt dates: June 1, October 1, February 1

PURPOSE

The purpose of this announcement is to stimulate research to study heterosexual and perinatal transmission of AIDS and HTLV-III/LAV (HIV) infection among intravenous drug abusers, their heterosexual partners and their offspring. Such research should lead to an improved understanding of the modes of transmission of HTLV-III/LAV associated with intravenous drug abuse and possibly lead to improved strategies for prevention of AIDS in drug abusing communities.

Further information and consultation on program requirements can be obtained from:

Harry W. Haverkos, M.D.
Peter I. Hartsock, Dr. P.H.
Clinical Medicine Branch
Division of Clinical Research
National Insitute on Drug Abuse
5600 Fishers Lane, Room 10A-08
Rockville, MD 20857
Telephone: (301) 443-1801

RESEARCH ON CLINICAL AND BEHAVIORAL PHARMACOLOGY OF DRUG ABUSE

DA-87-16

P.T. 34; K.W. 0404009, 0710100, 0404000

National Institute on Drug Abuse

Initial application receipt date: April 1, 1987
Subsequent receipt dates: June 1, October 1, February 1

PURPOSE

The purpose of this announcement is to stimulate basic research on behavioral and clinical aspects of drug abuse. Within this general research field, special emphasis is placed on studies of acquisition and elimination of drug-taking behavior and on studies of intravenous drug abuse. Projects involving collaboration between basic and clinical researchers are especially encouraged.

Further information and consultation on program requirements can be obtained from:

Chief, Clinical and Behavioral Pharmacology Branch
Division of Clinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-16
Rockville, MD 20857
Telephone: (301) 443-1263

STUDIES OF DRUGS OF ABUSE AS POTENTIAL COFACTORS IN THE PATHOGENESIS OF ACQUIRED IMMUNODEFICIENCY SYNDROME

DA-87-20

P.T. 34; K.W. 0404009, 0715120, 0715125

National Institute on Drug Abuse

Initial application receipt date: April 1, 1987
Subsequent application receipt dates: June 1, October 1, February 1

The purpose of this announcement is to stimulate research on the effects of drugs of abuse on the outcome of HTLV-III/LAV infection (Human T-Cell Lymphotropic Virus type III/Lymphadenopathy Associated Virus. The name Human Immunodeficiency Virus (HIV) has been proposed for these viruses by the International Committee on the Taxonomy of Viruses). Such research should lead to an improved understanding of the fundamental interactions of HTLV-III/LAV and drugs of abuse in the development of HTLV-III/LAV disease. By identifying cofactors, investigators may be able to define additional opportunities for the prevention of the development of the Acquired Immunodeficiency Syndrome (AIDS).

Further information and consultation on program requirements can be obtained from:

Harry W. Haverkos, M. D.
Sander G. Genser, M.D., M.P.H.
Clinical Medicine Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-08
Rockville, MD 20857
Telephone: (301) 443-1801

DRUG ABUSE TREATMENT RESEARCH GRANTS

DA-87-19

P.T. 34; K.W. 0404009, 0755015, 0415000

National Institute on Drug Abuse

Initial application receipt date: April 1, 1987
Subsequent application receipt dates: June 1, October 1, February 1

PURPOSE

The purpose of this announcement is to stimulate controlled clinical trials and scientifically based outcome evaluation research directed at the treatment of drug abuse and/or drug abuse treatment service systems. Knowledge gained should lead to the improvement of existing treatment systems as well as to development of new and innovative forms of therapy. More specifically, studies focused on one or more components of the treatment process, impacting on well-defined categories of drug abusers, will be considered. These include: 1) screening procedures to identify candidates for treatment or strategies to enhance entrance into treatment; 2) diagnosis to provide individualized profiles of severity of substance abuse and drug-related problems; 3) utilization of diagnostic profiles to determine specific therapeutic interventions to optimize treatment efficacy or effectiveness for identified subgroups; 4) treatment delivery, monitoring, and outcome evaluation; 5) aftercare service and post-treatment followup, or prolonged continued treatment to reduce relapse or recurrence of drug use.

Further information and consultation can be obtained from:

Chief, Treatment Research Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-30
Rockville, MD 20857
Telephone: (301) 443-4060

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH GRANTS RELATED TO PAIN AND ANALGESIA

P.T. 34; K.W. 0715150, 0715210, 0785015, 0760055, 0760075, 0740025, 0715120

National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Cancer Institute
National Institute of Dental Research
National Institute of Neurological and Communicative Disorders and Stroke
National Institute on Drug Abuse
National Center for Nursing Research

INTRODUCTION

In May 1985, the Assistant Secretary for Health, DHHS, established the Public Health Service (PHS) Interagency Committee on Pain and Analgesia to provide for the appropriate exchange of information on pain and related activities. One of the purposes of the Committee is to foster collaboration and integration of research programs conducted by the PHS.

The Research Subcommittee of the Interagency Committee organized a workshop of experts to examine the present state-of-the-art in treatment of cancer pain and to determine the status and need for additional research in areas related to the control and management of pain in patients with advanced disease. Their conclusions are relevant to pain relief in other acute and chronic conditions besides cancer. Some of the areas identified as a result of this workshop are described below. Grant applications proposing research in these areas are solicited by the various institutes supporting this announcement.

RESEARCH GOALS AND SCOPE

Much of the material described below deals with chronic pain. In general, chronic pain (especially that arising from deep tissues) and its treatment are poorly understood. Furthermore, there are currently few good models of chronic pain and there is a clear need for more research on chronic pain and its treatment. Some specific areas of interest are described below.

A major challenge lies in understanding pain that responds poorly to opiates and in developing therapies to treat this pain. Opiate-resistant pain is likely to occur when there is a nervous system insult or injury caused by trauma, disease process, or therapeutic intervention. Recent studies suggest that there is CNS reorganization following peripheral and central nerve damage. This reorganization may lead to opiate-insensitive pain. The extent of these reorganizations, the mechanisms responsible for them, and their relationship to pain need to be examined.

Further research is needed to study the pain that develops following chronic inflammation, peripheral nerve damage, tumor invasion, metabolic disease, or some kinds of trauma. The chemical mediators of such pain have not been identified and the basis for nociceptor activation is not yet clear. Identification of the mediators and mechanisms of activation may permit development of drugs interfering with their actions.

Pain arising in the viscera is not well understood. In order to provide a rational basis for the development of new therapies, the peripheral and central pathways and mechanisms mediating visceral pain need to be studied. Most importantly, therapies to relieve visceral pain, especially the visceral pain due to chronic disease, need to be developed.

The mechanisms of action of available unconventional (i.e., non-opiate) analgesics need to be elucidated and their appropriate use described. Similarly, well controlled studies of nonpharmacological approaches for the activation of the brain's own pain-suppressing mechanisms are needed, including: hypnosis, behavior modification, biofeedback, transcutaneous electrical stimulation, acupuncture, psychotherapy, etc. In addition, studies that examine the "match" of various behavioral approaches to particular pain problems are needed. Effects of these measures in augmenting drug action should also be studied.

Further studies are needed to compare and evaluate the effects of opiate drugs during long-term repeated use in non-addict human populations. There is a need to examine the effects of multiple-dosing of opiates in cancer patients and chronic pain patients since almost all of the previous analgesia data are based on single-dose studies. There is a need to examine the pharmacokinetics of these drugs following long-term multiple dosing.

Further studies are necessary to compare analgesic levels attained with different routes of administration of opiates. For delivery systems using chronic infusions of opiates, the relative efficacy and tolerance liability of continuous versus pulsatile injection has yet to be determined. Now in an early stage of development, transdermal delivery of analgesics for acute and chronic pain has promise, particu-larly for children, but requires further study.

The efficacy and appropriate use of the intrathecal route of administration for both short- and long-term use has not yet been determined. Appropriate drugs for intrathecal administration are still not known. Morphine, for example, has been approved for intrathecal use under some conditions, but its relatively poor lipid solubility suggests that it may not be the best opiate drug to use by this route. The involvement of noradrenergic, serotonergic and peptidergic systems in analgesia produced by a variety of manipulations suggests that many agents should be tested by intrathecal administration for their short- and long-term analgesic efficacy. Combinations of analgesic drugs (especially non-opiates) with reduced ability to produce tolerance and dependence are particularly sought.

Continued research into the techniques of the measurement of pain and of its relief in the clinical setting is also encouraged. There have been recent advances in the development of a variety of assessment tools, including: verbal descriptor assessment, combined qualitative and quantitative measures, self reporting techniques, and behavioral measurement, among others. Because both research and clinical assessment of analgesic effectiveness depend upon valid and precise measurement tools, continued progress is needed in this area. Thus, studies of measurement drawing upon human clinical, human laboratory, and animal laboratory studies are encouraged. Of further interest are the social and psychological factors altering pain tolerance. Such studies should include genetic and environmental factors along with psychological characteristics that may render individuals more vulnerable to pain.

A particular problem appears to be the treatment of children in pain. We have only incomplete knowledge about the actions of analgesic drugs in the very young and further studies are needed in this area. Moreover, we have few tools to assess pain in young children especially those without well developed verbal skills. In order to improve the treatment of pain in these children, it is essential to improve our ability to measure it. Studies of pain management in children with both acute and chronic pain are therefore encouraged.

Although some specific areas of research have been identified, the applicant is by no means restricted to these avenues of pursuit; any innovative endeavors in pain or analgesia research with potential clinical relevance are encouraged.

REVIEW PROCEDURES AND CRITERIA

Applications should be prepared on Form PHS 398 following regular instructions contained in the application kit and supplementary instructions, if any, from the awarding institute. Submitted applications will be assigned by the Division of Research Grants to awarding units and for peer review in accordance with the usual Referral Guidelines. Applications will be reviewed for scientific merit and relevance to program goals in accordance with the standard review procedures of the NIH, ADAMHA, FDA, etc.; that is, each application will be assessed first for scientific merit by a group of mostly non-Government scientists having appropriate expertise and then for both scientific merit and program relevance by the appropriate National Advisory Council.

Applicants may request amounts commensurate with the objectives to be accomplished for a period not to exceed five years. The support mechanism referred to in this announcement will be the grants-in-aid and the awards will be made to those applicants who have successfully competed with all applicants for funds from the sponsoring program of the awarding institute.

The phrase "Prepared in Response to the Program Announcement for Pain and Analgesia" should be typed in item 2 of the first (face) page of the application.

MECHANISMS OF SUPPORT

The mechanism of support for this program will be the grant-in-aid. Regulations (Code of Federal Regulations, Title 42, Part 52 and, as applicable to the state and local governments, Title 45, Part 74) and policies which govern the research grant programs of the NIH and ADAMHA will prevail. It must be pointed out that there are no special funds set aside by the PHS or operating agencies for this activity. Each application received in response to this announcement will be assigned to an appropriate research component of the PHS, depending upon the subject proposed and the categorical interest of the PHS unit.

Applications may be submitted for (1) individual research project grants (R01, R29, etc.), or (2) program project grants (P01).

1 Applicants may propose individual research projects involving clinical and/or investigational aspects of pain and related areas. Deadlines for receipt of project grant applications are the same as for program project given below.

2 Program projects may include clinical research as well as related experimental approaches, to carry out the desired research objectives. Applicants should develop a comprehensive research program, each phase to be directed to a specific aspect of pain. Potential applicants are encouraged to consult with the appropriate awarding program representative (listed below) as early as possible in the planning stages to obtain the specific application and review guidelines and the counsel of the awarding program representatives. Investigators are advised that the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMSD) will not support program project grants. Deadlines for receipt of the program project and individual research applications are February 1, June 1, and October 1.

In addition to their regular grant-supported activities, NIH and ADAMHA also support research training programs. Scientists in early stages of post-doctoral career development are encouraged to apply for either an individual fellowship (F32) or for support from organizations having institutional training grants (T32). There are also important relevant career development programs, collectively "K" Awards. These are development awards made primarily to enhance the research potential of young scientists, who are aspiring to make research the primary goal of their academic career. Information about these training and career development programs may be obtained from the respective program representative listed at the end of this announcement.

Applicants from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the GCRC as a resource for conducting the proposed research. In such cases, a letter of agreement from the GCRC Program Director should be included in the application material.

Completed applications should be submitted according to the deadlines for the review schedule mentioned above and also supplied in the application kit and mailed to the following address:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892

INQUIRIES AND CORRESPONDENCE

The names and addresses of program representatives managing pain programs of various institutions are given below. Applicants needing further information may contact the staff members listed representing his/her area of research interest.

Dr. Lawrence M. Petrucelli
Director, Arthritis Program
National Institute of Arthritis and Musculoskeletal
and Skin Diseases, NIH
Westwood Building, Room 405
Bethesda, Maryland 20892
Telephone: (301) 496-7326

Dr. Carrie P. Hunter
Program Director, Community Oncology and
Rehabilitation Branch
National Cancer Institute, NIH
Blair Building, Room 7A15
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8708

Dr. Patricia S. Bryant
Craniofacial Anomalies
Pain Control and Behavioral Research Program
National Institute of Dental Research, NIH
Westwood Building, Room 506
Bethesda, Maryland 20892
Telephone: (301) 496-7807

Dr. Kenneth Surrey
Demyelinating, Atrophic and Dementing Disorders Program
National Institute of Neurological and Communicative
Disorders and Stroke, NIH
Federal Building, Room 706
Bethesda, Maryland 20892
Telephone: (301) 496-1431 and

Stroke and Trauma Program
National Institute of Neurological and Communicative
Disorders and Stroke, NIH
Federal Building, Room 8A12
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Dr. David P. Friedman
Director, Pain Research Program
Neurosciences Research Branch
Division of Preclinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A31
Rockville, Maryland 20857
Telephone: (301) 443-6975

Dr. Susan I. Blumenthal
Chief, Behavioral Medicine Program
National Institute of Mental Health
5600 Fishers Lane
Room 11C06
Rockville, Maryland 20857
Telephone: (301) 443-4337

Dr. Patricia McCormick
Chief, Acute and Chronic Illness Branch
National Center for Nursing Research, NIH
Building 38A, Room B2E17
Bethesda, Maryland 20894
Telephone: (301) 496-0526

These programs are described in the Catalog of Federal Domestic Assistance (Nos. 13.242, 13.279, 13.361, 13.399, 13.844, 13.846, 13.852 and 13.853). Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241), and administered under PHS grant policies and Federal Regulations 42 CFR part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

MOLECULAR BIOLOGY OF SKELETAL MUSCLE AND ITS DISEASES

P.T. 34; K.W. 0705050, 0710030, 1002008

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The Muscle Biology Program supports research on the structure, function, disorders and diseases of skeletal muscle. This program announcement is to encourage submission of scientifically meritorious grant applications in the specific area of the molecular biology of muscle, including genetics relating to normal development and disease.

Certain muscle diseases, such as Duchenne Muscular Dystrophy (DMD), dystrophic myotonia, and malignant hyperthermia have specific genetic etiologies. Examples of faulty genetic expression are known to occur in muscle fibers affected by myotonic dystrophy and avian muscular dystrophy, where there are high levels of multiple expression or abnormal expression of neonatal myosin heavy chain. The complexity of skeletal muscle has made it difficult to identify the alteration in the genes or genomic transcription responsible for particular disorders. A confounding feature of muscle is the diversity of products from single genes, which appears to involve splicing in certain cases. Understanding the mechanisms of control may enable us to prevent expression of a defective gene or gene product.

Current genetic techniques promise to allow identification of genes or gene products which may underlie many muscle diseases. Advances in recent years indicate that there are research opportunities in this area, including the isolation of genes near the locus for Duchenne Muscular Dystrophy. Other researchers are investigating methods of variable genetic expression in normal muscle tissue. There is a need to understand the molecular biology of development in normal and diseased muscle.

This announcement encourages research applications focussed on genes of normal skeletal muscle constituents and mechanisms of gene regulation and expression; altered genes and proteins associated with muscle diseases and disorders; and other aspects of the molecular biology of skeletal muscle development and structural organization, including protein function.

ELIGIBILITY

Non-profit organizations and institutions, governments and their agencies, for-profit organizations, and individuals are eligible to apply.

DEADLINE

Applications will be accepted in accordance with the announced receipt dates for new applications, listed in application kits.

REVIEW PROCEDURES AND CRITERIA

Applications should be submitted on form PHS-398 which is available in the institution's collaborative research or business office. Additional application kits may be obtained from the Office of Grants Inquiries, Division of Research Grants (DRG), NIH. The phrase "Prepared in Response to Research Grants Announcement on Molecular Biology of Skeletal Muscle and Its Diseases" should be typed on line 2 of the first page of the application. The original and six copies of the application should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892

Applications in response to this solicitation will be reviewed on a nationwide basis in competition with other research grant applications, and in accord with the usual NIH peer review procedures. Applications will first be reviewed for technical merit by Study Sections and then by the National Advisory Council. The review criteria customarily employed by the NIH for regular research grant applications will prevail.

All PHS and NIH grant policies governing regular research project grants, including cost sharing, apply to applications received in response to this program announcement.

For further information contact:

Dr. Richard W. Lymn
Director, Muscle Biology Program
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Westwood Building, Room 403
Bethesda, MD 20892
Telephone: (301) 496-7495

AGE, HEARING, AND SPEECH COMPREHENSION

P.T. 34; K.W. 0710010, 0775005, 0710120

National Institute on Aging

The National Institute on Aging (NIA) invites qualified researchers to submit grant applications for research projects designed to examine the nature and extent of age-related differences and changes in older people's hearing and understanding of everyday speech.

In old age the auditory system is often characterized by a bilateral decrease in sensitivity, predominantly to high frequency sounds, and increased difficulty in understanding speech, particularly in the presence of background noise. Further studies are sought on older people's hearing and understanding of speech--that is, on how speech signals and information are detected, perceived, interpreted, and responded to in later life. Most importantly, speech comprehension should be scrutinized in the light of older people's experiences and expectations and within the contexts of their everyday lives at work, in the household, and in the community. Such research will contribute to the hearing sciences from both the behavioral and the aging perspectives. The aim is to provide a knowledge base for preventing auditory deterioration, for designing devices and environments that can compensate for auditory deterioration when it does occur, and for helping impaired individuals to make full use of their residual hearing.

This announcement of NIA's special initiative on understand-ing speech supplements, but does not replace, NIA's broad announcement on HEALTH AND EFFECTIVE FUNCTIONING IN THE MIDDLE AND LATER YEARS (See NIH GUIDE FOR GRANTS AND CONTRACTS, VOL. 12, NO. 6, JUNE 17, 1983, pp. 10-15; see also pp. 5-9). This initiative is coordinated with related programs in the National Institute of Neurological and Communicative Diseases and Stroke.

BACKGROUND

Increases in longevity portend increased risk of deficiencies in the understanding of everyday speech. While the course and extent of the problem have not been completely documented, it is clear that many people must adjust to some reduction in auditory function as they grow older. Changes in audition with aging substantially alter the quality of individuals' lives. Not only listening and understanding, but also occupational involvement, performance of everyday skills such as telephoning, social participation, psychological well-being, even survival, are dependent upon a complex chain of auditory processes, beginning with the ear and extending to perceptual and cognitive processes in the brain. All these processes are subject to change with aging, but the details have not been fully explicated.

Moreover, individuals differ widely in nature and degree of age-related change in speech comprehension, a fact which leads to the search for complex explanatory factors: genetic or neurophysiological processes, personal differences in life experiences or cognitive styles, as well as social and cultural differences in expectations and opportunities for performance. Such explanations can be useful in maintaining productivity, effective functioning, and independence throughout the middle and later years of life.

The agenda for research on the processes involved in speech comprehension and their age-related changes has been set by NIA in cooperation with Working Group 93 of the Committee on Hearing, Bioacoustics and Biomechanics, National Research Council, National Academy of Sciences. Recommended as background reading in preparing applications is the 1986 report of the Committee entitled "Speech Understanding and Aging." This report discusses factors affecting the elderly individual's ability to understand speech, including physiological aging, changes in cognitive ability, noisy signals, and sensory aids. It may be obtained from the Committee on Hearing, Bioacoustics and Biomechanics, National Research Council, National Academy of Sciences, 2101 Constitution Ave., NW, Washington, D. C., 20418, or from the Behavioral Sciences Research Program, NIA, Bethesda, MD, 20892. (Also see Olsho, L. W., Harkins, S. W., and Lenhardt, M. L., Aging and the Auditory System, in HANDBOOK OF THE PSYCHOLOGY OF AGING, eds., James E. Birren and K. Warner Schaie, pp. 332-377, New York, Van Nostrand Reinhold, Co., 1985; Pickett, J. M., Bergman, M., and Levitt, H., Aging and Speech Understanding, in SENSORY SYSTEMS AND COMMUNICATION IN THE ELDERLY, Aging, Vol. 10, eds., J. M. Ordy and K. Brizzee, pp. 167-186, New York, Raven Press, 1979.)

SPECIFIC OBJECTIVES

The NIH seeks research grant applications aimed at the study of selected aspects of speech comprehension as it relates to aging. Of interest are studies of the auditory nervous system, cognitive processes that are utilized in the service of speech comprehension, speech characteristics and environmental conditions and human factors that interfere with or enhance comprehension, and compensatory and rehabilitative aids. The following are offered as illustrations of appropriate topics, though applications need not be limited to these issues.

Few studies exist about the way which the auditory nervous system changes as people get older. Most of these studies are descriptive rather than reporting scientifically controlled research; most lack auditory histories, quantitative techniques, or adequate numbers of subjects of varied ages. Actual correlations between function and structure are not available. Examples of topics that need to be studied are:

- Anatomical description and analysis of central auditory pathway in human and nonhuman subjects of various ages for which auditory or neurological histories are available.
- Relative effects of sensory, neural, strial, and cochlear presbycusis on understanding speech as a function of age.
- Identification of nonhuman species in which age-related changes in hearing are analogous to those occurring in humans.

A person's understanding of speech is dependent in part on cognitive, affective, and other psychological processes. Research is needed on the effects on speech comprehension of age-related changes in:

- Particular aspects of cognitive processing (like attention, working and episodic memories, or verbal ability).
- Ability to use semantic integration, inference, or decision-making in interpreting incomplete or confused auditory signals.
- Affect, motivation, or self-perception of hearing handicap as interrelated with sensory or cognitive processes.

Characteristics of speech, and the background against which they are heard, influence their identification and comprehension. Moreover, differences in social and environmental demands determine whether or not particular auditory losses constitute handicaps. Given particular deficits in an older person's hearing or cognition, how is speech comprehension affected by:

- Content of the speech, complexity of syntax, speed of delivery, clarity of diction.
- Level of background or noise spectrum, seating arrangements, social and environmental factors affecting acoustics.
- Functional demands and safety of particular tasks in the home, or workplace, and in situations of transportation, leisure, and rehabilitation.

Hearing tests provide information about the degree of hearing impairment, but are not sufficient to determine how the impairment affects everyday communication. Full assessment of hearing impairment requires design of supplementary tests of other factors that collectively determine the actual degree of hearing handicap. Moreover, systematic studies have not been made of the effectiveness in everyday speech comprehension of hearing aids or other available special-purpose devices (such as group listening systems, implanted electrodes, and tactile vibrators). Topics for research include:

- The influence of lip-reading skills, attention, or motivation on hearing test performance.
- The relative effectiveness of particular auditory vs. non-auditory communication aids.
- The influence of self-perceived handicap or of social or occupational demands on willingness to use particular devices.

REVIEW CRITERIA

Applications compete on the basis of scientific merit with all other applications before the NIA. The review criteria are the traditional considerations underlying scientific merit. Research applications need not be limited to any particular methodology of data collection or analysis. Designs may include demographic studies, cohort and longitudinal designs, multivariate analyses, or controlled experiments. Research should be done in representative real-life settings or under conditions that allow generalization to real-life settings or tasks. Multidisciplinary teams of researchers may be required, composed of hearing scientists (including biologists, otolaryngologists, sensory psychologists or audiologists) in collaboration, e.g., with psychologists concerned with broad perceptual or cognitive processes, or with social or human-factors scientists concerned with the match between performance and specific aspects of everyday settings.

APPLICATION PROCEDURES

Researchers considering submitting an application in response to this announcement are strongly encouraged to discuss their project, and the range of grant mechanisms available, with NIA staff in advance of formal submission. This can be done either through a telephone conversation or through a brief letter of intent describing the proposed project and identifying the principal investigator and, when known, other key participants.

Applicants should use the regular research project and program project grant application form (PHS 398), available at the applicant's institutional Application Control Office or from the Office of Grants Inquiries, Division of Research Grants, NIH (see address below). In order to expedite the application form's routing within NIH, please (1) check the box on the face sheet of the application indicating that your proposal is in response to this announcement and print (next to the checked box) NIA: AGE, HEARING, AND SPEECH COMPREHENSION and (2) enclose a cover letter repeating that your application is in response to this announcement. In assigning applications to NIA or other Institutes, accepted referral guidelines will be followed.

Mail the cover letter and the completed application (with 6 copies) to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-7441

Receipt dates for the Research Project Grant, the Research Program Project Grant, and the First Independent Research Support and Transition Award applications are February 1, June 1, and October 1; those for the National Research Service Awards applications are January 10, May 10, and September 10.

Correspondence and inquiries should be directed to:

NIH LIBRARY
3 1496 00255 2381

Dr. Leonard Jakubczak
National Institute on Aging
Attention: "Age, Hearing, and Speech Comprehension"
Building 31C - Room 4C32
Bethesda, Maryland 20892
Telephone: (301) 496-3136

This program is described in the Catalog of Federal Domestic Assistance No. 13.866, Aging Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency review.

U.S. G.P.O. 1987-181-289:40031

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VOL. 16, NO. 6 - FEBRUARY 13, 1987

Vol. 16, No. 6, February 13, 1987

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IMPACT OF TAX REFORM ON NATIONAL RESEARCH SERVICE AWARDS (NRSA) INSTITUTIONAL TRAINING GRANTS AND INDIVIDUAL FELLOWSHIPS

P.T. 22,44; K.W. 0720005, 1014002

National Institutes of Health

The Tax Reform Act of 1986, Public Law 99-514, will have an impact on the tax liability of all individuals supported under the National Research Service Awards (NRSA) made under Section 487 of the Public Health Service Act.

In brief:

- o Degree candidates who, prior to the enactment of Public Law 99-514, were able to exclude all monies received under an NRSA award from their reported income, may now exclude only course tuition, fees, books, supplies and equipment required for attendance.

- o Non-degree candidates, who formerly were able to exclude from stipends $300 a month for a period not to exceed 3 years in a lifetime, will now be required to report all stipends and any monies paid on their behalf for course tuition and fees required for attendance.

- o These new statutory requirements are in force as of January 1, 1987.

This notice is simply to call attention to the fact that changes have been made. The Internal Revenue Service (IRS) has not yet published regulations related to these requirements. The National Institutes of Health (NIH) is not in a position to advise students or institutions about their tax liability.

In any event, changes in the taxability of stipends in no way alters the relationship between NRSA fellows, trainees and institutions. NRSA stipends are not now, and never have been, salaries. Individuals supported under the NRSA are not in an employer-employee relationship with the institution in which they are pursuing research training. (See NIH Guide to Grants and Contracts Vol. 13, No.1, January 6, 1984.)

METHOD TO EXTEND RESEARCH IN TIME (MERIT)

P.T. 34; K.W. 0710030, 0404000, 0414000, 1014002

Alcohol, Drug Abuse, and Mental Health Administration

PURPOSE

Beginning in FY 1987, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) will award a small number of MERIT awards to investigators who have demonstrated superior competence and outstanding productivity during their previous research endeavors. The purpose of the MERIT award is to provide such investigators with long-term, stable support to foster their continued creativity and spare them the administrative burdens associated with frequent preparation and submission of research grant applications.

GENERAL FEATURES

The principal feature of the MERIT award is the opportunity for selected investigators to gain up to ten years of support in two segments. Specifically, an initial 4 or 5 year award is accompanied by an opportunity for an extension of from 3-5 more years, based on an expedited review of the accomplishments during the initial period. The extension cannot exceed the original period of support.

After evaluation of competing new and renewal research project grant applications by the initial review groups, Institute staff will further review high quality applications for the purpose of nominating MERIT awardees. The Institute staff nominations will be provided to the relevant National Advisory Council for consideration. The Council's recommendations will be forwarded to the Institute Director who will make the final selections. Investigators may not apply for MERIT awards.

CRITERIA

The following criteria will be used by staff in nominating, by Council in recommending, and by the Institute Director in selecting MERIT awardees:

- The nominee has been a principal investigator on a competing R01 research grant application (new or renewal) that has been approved for 4 or 5 years of support with an excellent priority score.
- The nominee has an impressive record of scientific achievement as the leader of one or more investigator-initiated research projects for at least 6 years at the time the award would be made.
- The nominee has been working actively in a research endeavor which is at the cutting edge of the field.
- The research funded by the MERIT award is in an area for which the investigator is well known for his/her scientific achievements.
- The proposed project will be the investigator's principal scientific endeavor.

Each Institute may establish additional criteria for selection of MERIT awardees.

SPECIAL TERMS

- The MERIT program will apply only to individual research project grants (R01s), exclusive of cooperative ventures such as clinical trials involving multiple institutions. An R01 application involving several senior investigators would not qualify for consideration for a MERIT award.
- Competing new and renewal applications, prepared and submitted in accordance with conventional ADAMHA procedures, will be the basis upon which the Institute Director (with the approval of the relevant National Advisory Council) will identify individuals to be offered a MERIT award. Investigators may not apply for a MERIT award.
- Supplemental applications will not be considered as a basis for MERIT awards, but MERIT awardees are eligible to apply for and receive competitive supplements.
- Unexpended funds in any budget period of a MERIT award (other than the last) will remain available to the investigator in the subsequent budget period, i.e., there will be automatic carryover of unexpended funds throughout the entire period of the award.

Carryover of unexpended funds may be accomplished at the discretion of the principal investigator and the grantee institution. If funds have been restricted from expenditure by a specific term or condition on the Notice of Grant Award, they may not be automatically carried over without the written prior approval of the awarding unit.

Carryover is effected by notification on the financial status report which the grantee submits within 90 days of the termination of each budget period. Upon receipt of the notification, the awarding unit will issue a revised Notice of Grant Award which will reflect the increased authorization of direct costs.

Indirect costs will be paid to the awardee institution in accord with applicable HHS policy. No supplemental amount will be added through the amended award for indirect costs associated with the carryover action.

- A MERIT awardee may transfer his/her MERIT grant to another institution in accordance with grant policies of the Public Health Service. The investigator should contact the awarding unit as soon as the need to transfer the grant is identified.
- MERIT awardees are expected to submit the usual annual noncompeting continuation applications.
- To obtain an extension of the MERIT award past the initial 4 or 5 years of support, awardees must submit, at a time specified by the awarding unit, a progress report, along with a 1 page abstract of the research plan for the extension period and a proposed budget. Program staff and the National Advisory Council will review this material and will receive an extension and, if so, for how long (3-5 years).

PROCEDURES

The Initial MERIT Award:

- The initial review groups will review all competing new and renewal applications for research project grants (R01s) in the usual manner.

- Subsequent to the evaluation of the applications by the initial review groups, Institute staff will identify eligible candidates for the MERIT award, based on the criteria described in section III of this notice. Each Institute may establish additional criteria for selection of MERIT awardees.

- The Institute staff recommendations will be presented to the relevant Council who will review the staff reports on these candidates and will make recommendations to the Institute Director.

- The Institute Director will select MERIT awardees and will offer each such award to the principal investigator and the applicant institution, along with information on the attributes of the award, such as automatic carryover, and an indication of when the special progress report will be due.

The MERIT Award Extension:

- To initiate consideration for a MERIT award extension (beyond the initial 4 or 5 year grant period), the MERIT awardee must submit the following documents for review by Institute staff and the relevant national advisory council: a progress report (up to 8 pages--essentially identical in format to that which routinely is required for competing renewal applications), a 1-page abstract of the research plan for the extension period, and a proposed budget for the research plan. These documents will not be reviewed by an initial review group.

- On the basis of the application for extension, the original competing application and summary statement, interim progress reports, and publications resulting from work supported by the grant, Institute staff will develop a recommendation regarding the granting of an extension, its length, and its budget levels. After reviewing these documents, the Council will make recommendations to the Institute Director on whether or not the MERIT awardee should receive a 3-5 year extension of his/her project, along with a recommended budget level.

- The Institute Director or his/her designated representative will inform the MERIT awardee of his/her decision. If an extension is granted, the communication also will specify the length of time of the extension and the approved budget.

- If the MERIT awardee does not receive an extension, he/she will be notified by letter and advised that he/she may submit an application for review as a regular competing renewal research grant application. Awardees will receive a decision on the extension early enough for them to submit a regular competing renewal application with a view to avoiding a gap in funding should the Institute not award the extension.

IMPLEMENTATION

All three of ADAMHA's Institutes are authorized to use this mechanism beginning in FY 1987. For the initial round of MERIT award nominations (to be presented at the May/June 1987 Council meetings), the pool of applications to be considered will be selected from applications to be reviewed at the May 1987 Council meetings and applications already reviewed at the January/February 1987 and September 1986 Council meetings.

The MERIT award will carry the activity code R37.

In any given year, only a limited percentage (e.g., 5 percent) of competing new and renewal research project grant applicants will be offered MERIT awards.

(Federal Catalog of Domestic Assistance Nos. 13.273, 13.242, 13.279)

IMMUNOAFFINITY PURIFICATION OF HUMAN PITUITARY HORMONES

RFP AVAILABLE: RFP-NIH-NIDDK-87-4

P.T. 34; K.W. 0780005, 0760025

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is soliciting contract proposals from organizations with the capabilities and facilities to provide for the Immunoaffinity Purification of Human Pituitary Hormones.

This is an announcement for a Request for Proposals (RFP). Request for Proposal NIH-NIDDK-87-4 will be issued on or about March 4, 1987, with an anticipated closing date of approximately 45 days thereafter. To receive a copy of this RFP, please supply this office with two self addressed mailing labels, and cite the RFP number referenced above. Requests must be in writing and addressed to:

Shirley A. Shores
Contracting Officer
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 604
Bethesda, Maryland 20892

Telephone requests will not be honored. A reasonable number of the RFP have been prepared and will be issued on an as available basis.

This advertisement does not commit the Government to award a contract.

NRSA FELLOWSHIPS FOR RESEARCH TRAINING IN PRIMARY CARE DISCIPLINES

P.T. 22; K.W. 0730000, 0785035

Public Health Service

Special receipt date: May 1, 1987
Initial review in August for awards to be made in September 1987. The Program Announcement Area, item 3 of the application for individual NRSA awards PHS 416-1, should be marked "Primary Care Disciplines." The outside of the mailing envelope should be labeled "Primary Care Disciplines."

Attention is called to the fact that the National Institutes of Health is interested in supporting additional research training in primary care disciplines related to the respective missions of its component Institutes. The NIH is authorized specifically to allot up to one-half of one percent of its National Research Service Award (NRSA) appropriation for such training. Applications for individual postdoctoral fellowships (F32) are invited. The research training plan must include a research project germane to one or more of the mission areas of the NIH, examples of which are given below.

National Institute on Aging (AG)

The special medical problems of aging and the aged: preventive medicine and aging, the aging nervous system, Alzheimer Disease and other dementias, aging of the endocrine system, aging of connective tissue structures, pharmokinetics and pharmodynamics of the aged. Psychological aspects of aging and the aged: health and behavior, cognitive personality, biobehavior and attitudinal changes with age. Societal aspects of aging: population age structure and its impact on economic, societal and individual function, retirement, social aspects of lifestyles, morbidity and longevity of aging in different cultures, nutrition in aging and epidemiology of health and disease in aging.

National Institute of Allergy and Infectious Diseases (AI)

Primary care research training in allergy; clinical immunology; infectious diseases involving bacteriology, virology, parasitology and mycology; and epidemiology of allergic, immunologic and infectious diseases.

National Institute of Arthritis and Musculoskeletal and Skin Diseases (AR)

Proposals should demonstrate capability, provide opportunity to obtain further research training in biomedical research or clinical investigation, further research training in biomedical research or clinical investigation relating to arthritis, musculoskeletal and skin diseases.

National Cancer Institute (CA)

Awards provide research training for highly competent clinical cancer research specialists in the following areas: etiology, prevention, detection, diagnosis, treatment, restorative care.

National Institute of Child Health and Human Development (HD)

Awards provide opportunities for research training in the biological and/or behavioral science aspects of the areas listed.

Reproductive Sciences: Fertility, infertility and fertility regulation; disorders of the reproductive system. Genetics and Teratology: normal and aberrant development; causes and prevention of congenital defects. Pregnancy and Perinatology: high-risk pregnancy; fetal pathophysiology; disorders of the newborn. Endocrinology, Nutrition and Growth: maternal/fetal, infant, child and adolescent nutrition; growth factors; cultural and behavioral aspects of nutrition. Human Learning and Behavior: biological bases of behavioral development; injury prevention; behavioral pediatrics. Mental Retardation and Developmental Disabilities: diagnosis, pathophysiology, prevention and amelioration; toxicology and environmental factors; behavioral and social aspects of mental retardation.

National Institute of Dental Research (DE)

Research training in behavioral studies, cariology, nutrition, pain control and periodontal diseases.

National Institute of Diabetes and Digestive and Kidney Diseases (AM)

Proposals should demonstrate capability to provide opportunity to obtain further research training in biomedical research or clinical investigation relating to diabetes, endocrine, and metabolic diseases; digestive diseases and nutrition; kidney, urologic and hematologic diseases.

National Institute of Environmental Health Sciences (ES)

Behavioral toxicology, environmental epidemiology and biostatistics.

National Eye Institute (EY)

Research training related to vision and disorders of the visual system: retinal and choroidal diseases, corneal diseases, cataract, glaucoma, strabismus, amblyopia, visual processing, epidemiology, biostatistics, and visual rehabilitation.

National Institute of General Medical Sciences (GM)

Research training in primary care disciplines only as it might relate to clinical pharmacology, trauma and burns.

National Heart, Lung and Blood Institute (HL)

Research training on problems in heart, lung, and blood diseases managed in, or not uncommonly encountered, in the primary care setting.

National Institute of Neurological and Communicative Disorders and Stroke (NS)

Listed are examples of research training topics in which applications would be appropriate in clinical neurosciences involving clinical investigation, and neuroepidemiology and in clinical communicative sciences involving audiology, clinical investigations, and speech pathology. Examples of disorders are: stroke, head and spinal cord injury, epilepsy, neurogenetic disorders, dementia, multiple sclerosis, hearing loss, speech disorders, muscular dystrophy and peripheral neuropathy.

Customary Receipt Dates

Application Receipt Date	Initial Review Meeting	Second Level Review (Approx.)	Earliest Approx. Start Date
February 10	May	August	September 1
June 10	September	December	January 1
October 10	January	April	May 1

Applications may be obtained from:

Office of Grants Inquiries
National Institutes of Health
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

SIXTH ANNOUNCEMENT - TRANSFUSION MEDICINE ACADEMIC AWARD

P.T. 34; K.W. 0750010, 0785210

National Heart, Lung, and Blood Institute

Application receipt date: September 14, 1987

The Transfusion Medicine Academic Award (TMAA) was initiated in January 1983, to: (1) stimulate the development of multidisciplinary curricula in transfusion medicine, and (2) permit the awardee to broaden his or her expertise in transfusion medicine so as to contribute more effectively to the teaching, research, and clinical needs of this discipline. "Transfusion Medicine" is defined as a multidisciplinary area concerned with the proper use or removal of blood and its components in the treatment or prevention of disease states (other than in renal hemodialysis). Schools of medicine, osteopathy, or veterinary medicine (United States or its possessions and territories), singly or in concert, are eligible to apply for one 5-year TMAA (nonrenewable), providing they possess the requisite blood bank, patient care, and research facilities required for such an activity. In the case of veterinary medicine, the focus of the program must be on its applicability to human health and disease which may require a collaborative effort between schools of animal and human medicine. The TMAA may provide salary, fringe benefits, supporting costs, and indirect costs to faculty members who are established investigators, and skilled organizers and negotiators. The number of awards made each year will depend on the availability of funds.

The Transfusion Medicine Academic Award encourages the development of teaching and research programs in transfusion medicine. At present, teaching, research, and clinical responsibilities in transfusion medicine usually are not coordinated into a definable program but are dispersed among basic and clinical science disciplines and among activities of the local transfusion services or blood center facility. It is important to note that a transfusion medicine curriculum may not require additional curriculum time; existing course time and teaching materials, as components of other disciplines, may be coordinated into an overall program and organized to focus on emerging and important areas of transfusion medicine. Some schools may find it desirable to assemble the appropriate components into a specific unit. Others may wish to retain the transfusion medicine discipline as part of another major department. This award is also intended to:

- attract to the field of transfusion medicine outstanding students and promising young clinicians and scientists who can serve in the teaching, research, and clinical aspects of transfusion medicine;
- encourage the development of faculty capable of providing appropriate instruction in the field of transfusion medicine; o facilitate interchange of information, and evaluation and educational techniques among research, medical, and blood service communities; and o enable the grantee institution to develop a continuing transfusion medicine program, using local support, when this Award terminates.

Requests for the TMAA Program Guidelines should be directed to:

Fann Harding, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building, Room 5A08
Bethesda, Maryland 20892
Telephone: (301 - 496-1817

OPPORTUNITIES FOR POSTDOCTORAL RESEARCH TRAINING FOR NURSES IN THE INTRAMURAL PROGRAMS, NIH

P.T. 44; K.W. 0720005, 0785130

National Center for Nursing Research

Certain laboratories at the National Institutes of Health (NIH) in Bethesda, MD, will provide the research environment and supervision for nurses holding the doctorate who wish to spend one to three years in postdoctoral research training. The training will be funded by individual National Research Service Awards (NRSA) supported by the NCNR.

Individuals interested in applying for individual National Research Service Awards (NRSA) postdoctoral fellowships to take advantage of such openings should contact one of the persons listed below to discuss the research training experiences available. If an appropriate sponsor can be identified, applications for an individual NRSA postdoctoral fellowship and related materials may be requested from:

Office of Grants Inquiries
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

CLINICAL CENTER INTRAMURAL LABORATORIES

National Cancer Institute
Dr. Richard H. Adamson
Division of Etiology
Building 31, Room 11A11
Telephone: (301) 496-6618

Dr. Bruce Chabner
Division of Cancer Treatment
Building 31, Room 3A52
Telephone: (301) 496-4291

National Eye Institute
Dr. Robert Nussenblatt
Laboratory of Immunology
Building 10, Room 10N202
Telephone: (301) 496/3123

National Heart, Lung, and Blood Institute
Dr. Jack Orloff, Director
Division of Intramural Research
Building 10, Room 7N214
Telephone: (301) 496-2116

National Institute on Aging
Dr. Robert P. Friedland
Laboratory of Neurosciences
Building 10, Room 12AS235B
Telephone: (301) 496-4754

Dr. Kathleen McCormick
Baltimore, Laboratory of Behavioral Sciences
Gerontology Research Center
Francis Scott Key Medical Center
4940 Eastern Avenue
Baltimore, MD 21224
Telephone: (301) 955-1791

National Institute on Alcohol Abuse and Alcoholism
Dr. Markku Linnoila
Clinical Director
Building 10, Room 3B19
Telephone: (301) 496-9705

National Institute of Allergy and Infectious Diseases
Dr. Michael Frank
Laboratory of Clinical Investigation
Building 10, Room 11N228
Telephone: (301) 496-5807

Dr. Robert Chanock
Laboratory of Infectious Diseases
Building 7, Room 100
Telephone: (301) 496-2024

Dr. Clifford Lane
Laboratory of Immunoregulation
Building 10, Room 11B09
Telephone: (301) 496-7196

National Institute of Arthritis and Musculoskeletal and Skin Diseases
Dr. John Klippel
Arthritis and Rheumatism Branch
Building 10, Room 9N218
Telephone: (301) 496-3374

National Institute of Child Health and Human Development
Dr. Arthur Levine
Building 31, Room 2A50
Telephone: (301) 496-2133

National Institute of Dental Research
Dr. Michael Roberts
Clinical Investigation and Patient Care Branch
Building 10, Room 6S255
Telephone: (301) 496-6241

National Institute of Neurological and Communicative Disorders and Stroke
Dr. Mark Hallett
Clinical Director
Intramural Research
Building 10, Room 5N226
Telephone: (301) 496-1561

National Institute of Mental Health
Dr. Frederick K. Goodwin, Director
Intramural Research Program
Building 10, Room 4N224
Telephone: (301) 496-3501

CLINICAL CENTER DEPARTMENTS

Dr. Ron Elin
Clinical Pathology (Chemistry)
Building 10, Room 2C306
Telephone: (301) 496-5668

Dr. Harvey Gralnick
Clinical Pathology (Hematology)
Building 10, Room 2C390
Telephone: (301) 496-6891

Dr. Thomas Fleisher
Clinical Pathology (Immunology)
Building 10, Room 2C410
Telephone: (301) 496-9565

Dr. Joseph Parillo
Critical Care Medicine
Building 10, Room 10D48
Telephone: (301) 496-9565

Dr. John Doppman
Diagnostic Radiology
Building 10, Room 1C660
Telephone: (301) 496-5080

Dr. David Henderson
Hospital Epidemiology
Building 10, Room 11N223
Telephone: (301) 496-2209

Dr. Joseph Gallelli
Hospital Pharmacy
Building 10, Room 1N257
Telephone: (301) 496-4363

Dr. Steve Larson
Nuclear Medicine and Positron Emission Tomography
Building 10, Room 1C401
Telephone: (301) 496-6455

Dr. Lynn Gerber
Rehabilitation Medicine
Building 10, Room 5D37
Telephone: (301) 496-4733

Dr. Harvey Klein
Transfusion Medicine
Building 10, Room 1E33
Telephone: (301) 496-9702

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NUCLEIC ACID SEQUENCE DATA BASE

RFP AVAILABLE: NIH-GM-87-04

P.T. 34; K.W. 0755045, 0780015

National Institute of General Medical Sciences

The receipt date for proposals for the renewal of the GenBank Contract has been extended from February 5, 1987 to March 30, 1987. GenBank is a Data Base which contains all published nucleic acid sequences.

Copies of the RFP can be obtained from the office referenced below.

Ms. Grace Bruce
Contract Specialist
National Institutes of Health
Research Contracts Branch, DCG
Building 31, Room 1B32
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-4487

LONG-TERM MORTALITY STUDY OF MEN WHO HAVE UNDERGONE VASECTOMY - SOURCES SOUGHT

P.T. 34; K.W. 0705075, 1002012, 0411005

National Institute of Child Health and Human Development

The Contraceptive Evaluation Branch, Center for Population Research, National Institute of Child Health and Human Development, is seeking to identify sources capable of performing a long-term mortality study of men who have undergone vasectomy. The study is intended to be a cohort study wherein eligible subjects are identified retrospectively though medical records and followed for vital status. Interested organizations should be capable of performing some or all of the following technical requirements: (1) Identify a cohort of men who underwent vasectomy. (2) Identify a comparison cohort of non-vasectomized men. (3) Obtain the necessary information for the members of each cohort which will permit vital status determination (e.g. Social Security Number, birth date, state of last residence). (4) Trace both cohorts for vital status ascertainment for a period of at least 15 years following entry into the cohort. This may be accomplished through the National Death Index, State Offices of Vital Statistics, State Motor Vehicles Department, etc. (5) Perform appropriate mortality analyses to examine differences between the two groups. It is expected that the cohorts will be sufficiently large to produce enough deaths to consider cause-specific mortality as well as overall mortality.

Sources that believe they have the capabilities necessary to perform these studies should submit a brief Capability Statement containing the following information: (1) Evidence of expertise in the area of epidemiology, biostatistics and reproductive health and expertise in management of large data bases. (2) Evidence of experience in carrying out large studies which require extensive record searching and retrieval, follow-up or tracing of individuals for vital status. (3) Evidence documenting a potential pool of available records for large numbers of vasectomized men. (4) Description of facilities and equipment available for such a project.

This announcement is not a Request for Proposals (RFP). There is no commitment by NICHD to issue a Request for Proposals, but if such a request is issued, those answering this Sources Sought announcement will be so notified. Five copies of the Capability Statement should be submitted to:

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

Capability Statements must be received no later than close of business, 5:00 p.m. EST, March 31, 1987.

DEVELOPMENT AND CLINICAL EVALUATION OF NEW DESIGNS FOR THE INTRAORAL FLUORIDE RELEASING SYSTEM

RFP AVAILABLE: NIH-NIDR-4-87-2R

P.T. 34; K.W. 0745050, 0755015

National Institute of Dental Research

The National Institute of Dental Research plans to issue RFP-NIH-NIDR-4-87-2R for the development and clinical evaluation in children of four Intraoral Fluoride Releasing Systems (IFR Systems). Each IFR System shall comprise an Intraoral Fluoride Releasing Device (IFRD) and the method of retaining and protecting the IFRD in the mouth. The IFRD portion of these systems will be furnished by the Government.

Phase I of the study shall include development of four IFR Systems suitable for 180 days of continuous intraoral use and which can be attached in a patient within 20 minutes. At least one of the systems shall be suitable for use in patients undergoing orthodontic treatment. Three specimens of each IFR System shall be delivered to the Government within 90 days of initiation of the contract. Upon approval of the completed IFR Systems by the Government, 60 of each system shall be produced.

Phase II shall comprise a six-month clinical pharmacology study of the four IFR Systems in four groups of 10 children aged 12 through 15 years. Each patient shall wear two IFR Systems of a given design. System retention, IFRD wear, oral tissues, and patient acceptance shall be monitored. Samples of saliva shall be collected periodically and analyzed for fluoride.

Offerors are required to identify a population of 40 noninstitutionalized children aged 12 through 15 years, 10 of whom are expected to be undergoing orthodontic treatment during the clinical phase of the study. The subjects shall be in good general health and have two fully erupted first molars and second bicuspids.

RFP NIH-NIDR-4-87-2R will be available approximately March 6, 1987, with a due date for proposals of May 6, 1987. Requests for a copy of the RFP should be in writing to:

Mr. William C. Roberts
Contracting Officer
National Institute of Dental Research
Westwood Building, Room 521
Bethesda, Maryland 20892

SPECIAL RESEARCH GRANT ANNOUNCEMENT- RESEARCH CENTER ON DRUG ABUSE VULNERABILITY- DA-87-21

P.T. 34; K.W. 0404009, 0755030, 0404000, 0710030, 1002019, 0745055

National Institute on Drug Abuse

PURPOSE

The National Institute on Drug Abuse (NIDA) is inviting applications for clinical research centers for the study of vulnerability to drug abuse. A center grant would support interrelated behavioral, biomedical, and clinical studies, integrating the efforts of behavioral science and behavioral genetic researchers with clinical investigations to better understand the genetic and environmental factors involved in the etiology of drug abuse.

A clinical research center is expected to provide an environment in which clinical researchers can examine factors associated with vulnerability to drug abuse. Priority will be given to applications that address both biomedical and behavioral aspects of vulnerability. The center should be multidisciplinary, involving (at a minimum) investigators from the fields of psychology, psychiatry and genetics. Also, applicants are encouraged to examine a broad range of drug classes; in no case should studies be restricted to alcohol or tobacco use only. The areas of study within the clinical research center may include the following: 1) inheritance of drug abuse--including family, twin, and adoption/half-sibling studies; 2) markers for vulnerability to drug abuse; 3) mechanisms of inheritance; and 4) preventive interventions during early childhood and preadolescence.

Further information and consultation on program requirements can be obtained from:

Roy W. Pickens, Ph.D.
Director, Division of Clinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-38
Rockville, MD 20857
Telephone: (301) 443-6697

APPLICATION RECEIPT AND REVIEW SCHEDULE

Applications are invited for a special receipt date of April 1, 1987 for funding in FY 1987. Applications not submitted by April 1, 1987 cannot be considered for funding in FY 1987. Contingent on the availability of funds, applications are also being invited for the October 1, 1987 receipt date for consideration for funding in FY 1988. For review and award criteria and the conditions of support potential applicants are referred to the full text of this announcement available from the Grants Management Branch at the above address.

AVAILABILITY OF FUNDS

Applications received under this special announcement will be considered for funding on the basis of overall scientific and technical merits of the proposal as determined by peer review. It is estimated that one or two centers will be funded at approximately $750,000 total costs per center during FY 1987. Initiation of new projects after FY 1987 will depend on availability of funds. Support will be provided for a period of up to five years (renewable for subsequent periods) subject to continued availability of funds and progress achieved.

SPECIAL RESEARCH GRANT ANNOUNCEMENT - DRUG ABUSE PREVENTION RESEARCH CENTERS - DA-87-15

P.T. 34; K.W. 0404009, 0745055, 0755030, 0710030, 0404000, 0785055, 0404021

National Institute on Drug Abuse

PURPOSE

The purpose of this announcement is to encourage the development of multidisciplinary research centers that will improve our ability to prevent drug abuse. The proposed Centers are designed to: 1) improve our understanding of etiologic factors that predispose individuals to initiate drug use; 2) identify factors involved in the progression from initial drug use to drug dependence; 3) develop criteria and early identification methodologies for use with children and adolescents at high risk for drug abuse; 4) design and test preventive interventions at the individual and small group level through controlled randomized studies; and, 5) assess the progression of drug use through prospective longitudinal studies of high risk populations.

Applications for Center grants will be encouraged but not restricted to four areas: Minority Research; Families and Multi-Generational Factors; High-Risk Children, Adolescents, and Young Adults; and Women and Drugs. For this grant announcement, the term drug abuse includes use of illicit drugs as well as inappropriate use of over-the-counter and prescription medication. Research on alcohol and tobacco in relation to other drugs of abuse may also be included.

Further information and consultation on program requirements can be obtained from:

Chief, Prevention Research Branch
Division of Clinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-20
Rockville, Maryland 20857
Telephone (301) 443-1514

APPLICATION RECIEPT AND REVIEW SCHEDULE

Applications are invited for a special receipt date of April 1, 1987 for funding in FY 1987. Applications not submitted by April 1, 1987 cannot be considered for funding in FY 1987. Contingent on the availability of funds, applications are also being invited for the October 1, 1987 receipt date for consideration for funding in FY 1988.

For specific review and award criteria and the terms of support potential applicants are encouraged to obtain the full text of this announcement.

AVAILABILITY OF FUNDS

Initial Center awards are limited to $500,000 (direct costs) for the first year of the grant and up to $650,000 (direct costs) for each subsequent year. It is anticipated that approximately three grants will be awarded under this announcement in Fiscal Year 1987.

REQUEST FOR COOPERATIVE AGREEMENT APPLICATIONS - INNOVATIVE TARGETED APPROACHES TO ANTIVIRAL THERAPY

RFA AVAILABLE: 87-AI-14

P.T. 34; K.W. 0740020, 1002045, 0715125, 0755025, 0710100

National Institute of Allergy and Infectious Diseases

Application Receipt Date: May 15, 1987

The Development and Applications Branch of the National Institute of Allergy and Infectious Diseases (NIAID) announces the availability of a Request for Applications (RFA) on the above subject. Grant applications are invited from interested investigators for research which applies molecular knowledge of the mechanisms of virus replication and/or pathogenesis to the development of targeted antiviral agents.

BACKGROUND

The search for effective therapeutic agents to combat serious infections was long delayed by the widely-held belief that the intracellular nature of virus replication made the development of clinically useful drugs improbable. More recently, as molecular knowledge of the mechanisms of virus replication and pathogenesis has become available, it is evident that there are viral functions which may be specifically, or at least selectively, inhibited. The efficacy of acyclovir at inhibition of herpes simplex infection is a dramatic example. The detailed molecular knowledge of virus replication cycles that is rapidly accumulating should be exploited to design additional innovative approaches to the targeting of antivirals.

RESEARCH GOALS AND SCOPE

The purpose of this RFA is to stimulate research in the development of novel targeted approaches to antiviral therapy. The strategies proposed should involve a molecular rationale for anticipated antiviral activity without significant concomitant cellular toxicity. The preparation and testing of derivatives of previously proven nucleoside analogue antiviral agents, such as a search for acyclovir derivatives, does not constitute a novel approach. Investigators will choose the virus and system they prefer for these studies, but the selected virus should either be a human pathogen or serve as a model for a human viral pathogen. The development of agents inhibitory to HTLV-III/LAV is the focus of a separate RFA and therefore proposals to target HTLV-III/LAV should not be submitted in response to this initiative. Proposals should include a discussion of the rationale for the selection of the approach and model system as well as a detailed description of the intended mechanism of preparation and testing of the putative antiviral agent.

MECHANISM OF SUPPORT

Award(s) will be made as Cooperative Agreements. Cooperative agreements are awarded to both nonprofit and profit organizations and institutions. This type of solicitation is utilized when it is desired to encourage investigator-initiated research projects in areas of special importance to the NIH and where substantial programmatic involvement by staff is anticipated.

REVIEW PROCEDURES AND CRITERIA

Applications will be received by the NIH Division of Research Grants (DRG) and assigned to NIAID. Initial peer review will be done by the Microbiology and Infectious Diseases Research Committee (MIDRC), a chartered Institute review committee.

Copies of the complete RFA may be obtained from:

Catherine Laughlin, Ph.D.
Antiviral Substances Program Officer, Development & Applications Branch
Westwood Building - Room 750
National Institutes of Health
Bethesda, Maryland 20892

RESEARCH ON SEXUAL IMPOTENCE IN THE MALE

P.T. 34; K.W. 0413002, 0705075, 1002034

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Dates: February 1, June 1, October 1

The Division of Kidney, Urologic and Hematologic Diseases (DKUHD) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announces an interest in supporting clinical and basic research on erectile function/dysfunction in the male. Support will be through individual research project grants.

BACKGROUND

Erectile dysfunction in adult males is a widespread problem. Large scale studies of middle-aged men suggest an organic basis for a high percentage of erectile failures. Disruption of penile arterial blood flow, and abnormal leakage from the corpus cavernosum (CC) are among the most frequently cited organic causes of failure to achieve erection. Estimates of impotence in diabetic men range between 25-70 percent as a result of microvascular disruptions of blood flow. Most diabetic males with neuropathy become impotent. These findings make clear the need for more intensive study of the organic components essential for normal penile erection. Such studies should contribute to a database that would aid our understanding of those pathological conditions which may be disruptive to erection.

Medications often have been neglected as causes of impotence. Numerous medications may influence penile blood supply, and as such have significant potential to interfere with penile erection. Antihypertensives, diuretics, tranquilizers, anorectics and CNS depressants may cause impotence. As many as 25 percent of cases of impotence have been considered to be the result of medications. One study has noted that 16 of the 200 most prescribed drugs in the U.S. have been associated with impotence. Systemic diseases and the medications used to treat the diseases may interfere with both endocrine and nonendocrine functions causing disruption in normal penile erection.

Androgens are known to influence sexual interest, fertility, erections during sleep and sexual responses of hypogonadal men. Androgens do not appear to be necessary for responses to erotic stimuli nor necessary for sexual interest and behavior in 50 percent of males castrated as sexually experienced adults. Studies are needed on certain systemic diseases (e.g., end stage renal disease) known to influence androgen levels and potence, to determine if impotence results from loss of sexual interest, or other androgen mediated changes in the vascular/neural elements necessary for erection. There is an absence of data on androgenic influences on the vascular and neural components thought to mediate erection in the adult male.

OBJECTIVES AND SCOPE OF RESEARCH

Normal penile erection depends on a complex interaction among psychological, neurological, hormonal and vascular events. The goals of this announcement are to increase our knowledge and understanding of the neural and vascular events responsible for normal penile erection, of the potential or known effects of medications on penile erection and of systemic disease states which are known, or have the potential, to disrupt penile erection. Specific objectives follow with some examples of pertinent research areas. The examples are not exhaustive nor exclusive of other worthwhile endeavors.

PENILE SMOOTH MUSCLE STUDIES

Studies are needed on the regulation of penile vascular smooth muscle; this tissue has not been defined biophysically. It is known that pharmacological agents that cause smooth muscle relaxation may induce erection. It is not known which endogenous factors regulate the ability of the CC to contract and to relax. The role of steroid hormones, neurotransmitters and their receptors and the possible interaction of sex hormones and the neurotransmitter receptors require study. The pathology of vascular smooth muscle requires evaluation as does the electrophysiology of aged and normal tissue.

ENDOTHELIAL CELL STUDIES

The growth, biochemistry and pharmacology of endothelial cells and their possible role in erectile function requires study. It is known that endothelial cells synthesize and contain neurotransmitters and receptors, but more information is required on the extent that these systems are functional in the CC and the vessels responsible for erection. Detailed studies are needed of vascular disease of the penis (e.g., using the diabetic model), and of vascular growth factors. The effects of chronic penile injections used to stimulate erection require careful study.

NEUROLOGICAL/NEUROPATHY ASSESSMENTS

There is a strong need to develop more reliable and sensitive measurements for clinical assessment of neural contributions to impotence. A number of neurotransmitters remain to be studied in the penis as well as the possible role of crosstalk in regulating penile function. Do receptor systems change as a function of age, as a result of normal/abnormal penile function, or as a result of specific systemic diseases? Do chronic penile injections influence neurotransmitters and their receptors? Sensory as well as motor functions related to sexual stimulation and responsiveness require study. The central-peripheral feedback loops permitting normal sexual function have not been identified in detail in the human and need study. Nerve-striated muscle relationships have not been evaluated, and it is not clear if such relationships are important for normal penile erection.

SYSTEMIC DISEASE AND MEDICATIONS

The literature concerning impotence in diabetics is unclear, and further studies are required differentiating insulin and non-insulin dependent diabetes, differentiating vascular from neural effects and development of a viable animal model allowing manipulation of some of the basic substrates possibly responsible for impotence in the diabetic. Other diseases such as atherosclerosis, uremia, hypertension, and benign prostatic hyperplasia should be assessed in relation to sexual functioning. The substrates and(or) mechanisms by which many drugs induce erectile failure require study, and equally effective alternate medications without effects on erection need to be elucidated.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants (Study Section). Review criteria include the significance and originality of the research goals and approaches; feasibility of the research and adequacy of the experimental design; training, research competence, and dedication of the investigator(s); adequacy of available facilities; provision for the humane care of animals; and appropriateness of the requested budget relative to the work proposed. Funding decisions will be based on Initial Review Group and National Diabetes and Digestive and Kidney Diseases Advisory Council recommendations.

Applicants from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter of agreement from the GCRC Program Director should be included in the application.

Applications should be submitted on form PHS-398, available in the business or grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health. Applications will be accepted in accordance with the dates for new applications on an indefinite basis:

February 1, June 1, October 1

The phrase "RESPONSE TO NIDDK PROGRAM ANNOUNCEMENT: RESEARCH ON SEXUAL IMPOTENCE IN THE MALE" should be typed on line 2 of the face page of the application. The original and five copies should be sent or delivered to:

Grant Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, Maryland 20892-4500

In order to alert the Urology Program to the submission of responses to this announcement are encouraged to contact:

Charles H. Rodgers, Ph.D.
Urology Program Director, DKUHD, NIDDK
Westwood Building, Room 609C
National Institutes of Health
Bethesda, Maryland 20892-4500
Telephone: (301) 496-7573

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This program is described in the Catalog of Federal Domestic Assistance No. 13.849, Kidney, Urologic, and Hematologic Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

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NOTICE

NIH/FDA REGIONAL WORKSHOP - PROTECTION OF HUMAN SUBJECTS

P.T. 42; K.W. 0783005, 0783010

National Institutes of Health
Food and Drug Administration

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) are continuing to sponsor a series of workshops on responsibilities of researchers, Institutional Review Boards (IRBs), and institutional officials for the protection of human subjects in biomedical and behavioral research. The workshops are open to everyone with an interest in research. The meetings should be of special interest to those persons currently serving or about to begin serving as a member of an IRB. The current schedule includes:

Date: June 22-23, 1987

Location: Chicago, IL.

Contact:

Martin Rachmeler
Research Services Administration
Northwestern University
633 Clark Street
Evanston, IL 60201
Telephone: (312)491-3327

Additional workshops will be announced later. For further information regarding education programs contact:

Darlene M. Ross
Education Program Coordinator
Office for Protection from Research Risks
National Institutes of Health
Building 31, Room 4B09
Bethesda, Maryland 20892
Telephone: (301)496-8101 or 496-7005

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

MINORITY FELLOWSHIP PROGRAM IN NEUROSCIENCES

P.T. 22, FF; K.W. 0720005, 1002030, 0715095

National Institute of Mental Health

Application Receipt Date: April 1, 1987

The National Institute of Mental Health announces the availability of support for a Minority Fellowship Program in Neurosciences. This program is designed to facilitate the entry of minority students into mental health research careers with the long-term goal of increasing the number of minority scientists trained at the doctoral level to conduct research and teach in the neurosciences. One award will be made for a national program to be administered by a professional association, academic institution, or other eligible organization. The grant award may be made for a period of up to 5 years. Applications in response to this announcement will be accepted on a single receipt date of April 15, 1987. Further information and application kits are available from:

Dr. Marion E. Primas
Program Chief, Research Training and Career Development
Minority Research Resources Branch
National Institute of Mental Health
5600 Fishers Lane - Room 18-101
Rockville, Maryland 20857
Telephone: (301) 443-3724

ALCOHOL AND DRUG ABUSE DEMONSTRATION GRANTS

RFA AVAILABLE: AD-87-01

P.T. 34, AA; K.W. 0404003, 0404009, 0403004

Alcohol, Drug Abuse, and Mental Health Administration

Application Receipt Date: May 15, 1987

The Office for Substance Abuse Prevention (OSAP) of the Alcohol, Drug Abuse, and Mental Health Administration, invites applications for Alcohol Drug Abuse Demonstration Grants. Funds are available to demonstrate effective community-based models for the prevention, treatment, and rehabilitation of drug and alcohol abuse among high risk youth who are defined by the legislation which established this program. Funds are also available to demonstrate preventive interventions for youth at early stages of involvement with drug use. Three different types of demonstration projects will be funded: 1) comprehensive prevention, or prevention, treatment, and rehabilitation demonstration projects for high risk youth; 2) targeted primary prevention demonstration projects for high risk youth; and 3) demonstration projects for early intervention with youth who have begun to use drugs and alcohol. An estimated total of $20 million will be available for the funding the first two years of the two types of high risk youth demonstration projects. Approximately $4 million will be available for funding the first year of early intervention demonstration projects. Applicants may request support for up to three years. Applications for funding in Fiscal Year 1987 must be received by May 15, 1987.

APPLICATION AND REVIEW PROCEDURES

Applications submitted in response to this announcement will be reviewed in accordance with ADAMHA peer review procedures for grants. They will be reviewed for technical merit by a review group, convened by ADAMHA, composed primarily of non-Federal experts.

Applications should be submitted on form PHS 5161-1. Application kits which contain the announcement and special instructions for preparing the PHS 5161-1 may be obtained from the office listed below. Applications must be received by May 15, 1987.

The announcement number AD-87-01 must be typed in box 1 on the face page of the application. The original and two copies should be sent or delivered to:

Division of Research Grants, NIH
5333 Westbard Avenue
Bethesda, Maryland 20892

One additional copy should be sent to:
ADAMHA Review Office
Room 13C-26, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

FOR A COPY OF THE ANNOUNCEMENT, APPLICATION KIT, AND SPECIAL APPLICATION INSTRUCTIONS CONTACT:

OSAP Grant Announcements
P.O. Box 2345
Rockville, Maryland 20852
Telephone: (301) 468-2600

FOR FURTHER INFORMATION CONTACT:

Comprehensive Projects

Bernard McColgan
Acting Deputy Director
Division of Demonstration Projects, OSAP
Alcohol, Drug Abuse, and Mental Health Administration
Room 310, Park Building
12420 Parklawn Drive
Rockville, Maryland 20857
Telephone: (301) 443-0353

Targeted Primary Prevention and Early Intervention Projects

Paul DuCommun or William Somers
Division of Demonstration Programs, OSAP
Alcohol, Drug Abuse, and Mental Health Administration
Room 310, Park Building
12420 Parklawn Drive
Rockville, Maryland 20857
Telephone: (301) 443-0377

Awards will be made under the authority of Sections 508 and 509A of the Public Health Service Act and administered under PHS grant policies and Federal Regulation 45 CFR Part 74. This program is subject to the intergovernmental review requirements of Executive Order 12372.

ACADEMIC RESEARCH ENHANCEMENT AWARD

RFA AVAILABLE: 87-OD-01

P.T. 34, 14; K.W. 0710030

National Institutes of Health

Application Receipt Date: June 22, 1987

In its report accompanying the Fiscal Year 1985 appropriation for the National Institutes of Health (NIH), Congress called for an initiative to strengthen the research milieu of non-research-intensive, four-year colleges and universities which provide undergraduate training for a significant number of our nation's research scientists. In FY 1985, the NIH made $5,000,000 available for this purpose and was able to award 75 "Academic Research Enhancement Awards" (AREAs). In FY 1986, 146 such grants were awarded, amounting to $9,570,000. This award is designed to enhance the research environment of educational institutions that have not been traditional recipients of NIH research funds. The award is intended to support new research projects or expand ongoing research activities proposed by faculty members of these institutions in areas related to the health sciences.

Applications for FY 1987 AREA grants are currently undergoing review for scientific merit. Since it is anticipated that additional funds will be available next year, the NIH is inviting grant applications for the FY 1988 competition for AREA grants.

Eligibility requirements of the AREA Program include the following:

Applicant Institutions

- Must be a domestic institution offering baccalaureate or advanced degrees in the sciences related to health.
- Have received an NIH Biomedical Research Grant (BRSG) in no more than three of the seven fiscal years from FY 1981 through FY 1987.
- Health professional schools (e.g., schools of medicine, dentistry, nursing, osteopathy, pharmacy, veterinary medicine, public health, allied health and optometry) are eligible if they meet both criteria above, as are officially discrete campuses of a university.
- Multiple applications proposing different research projects may be submitted by an applicant institution.

Applicant Principal Investigators

- Must not have active research grant support (including an AREA) from either NIH or the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) at the applicant institution at the time of award of an AREA grant.
- May not submit a regular NIH or ADAMHA research grant application for essentially the same project as a pending AREA application.
- Are expected to conduct the majority of their research at their own institution, although limited access to special facilities or equipment at another institution is permitted.
- May not be awarded more than one AREA grant.

Those in doubt about eligibility should consult their institution's Office of Sponsored Research, or the following:

NIH Office of Special Programs and Initiatives
Building 31, Room 1B54
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1968

Funding decisions will be based on the proposed research project's scientific merit and relevance to NIH programs, and the institution's contribution to the undergraduate preparation of doctoral-level health professionals. Among projects of essentially equivalent scientific merit and program relevance, preference will be given to those submitted by institutions that have granted baccalaureate degrees to 25 or more individuals who, during the period 1977-1986, obtained academic or professional doctoral degrees in the health related sciences.

AREAs are awarded on a competitive basis. Applicants may request support for up to $50,000 in direct costs (plus applicable indirect costs) for a period not to exceed 24 months. Although this award is non-renewable, it will enable qualified individual scientists within the eligible institutions to receive support for feasibility studies, pilot studies and other small-scale research projects preparatory to seeking more substantial funding from the regular NIH research grant programs.

Applications for this award will be accepted under the regular application submission procedures of the Division of Research Grants (DRG) of NIH. Grant applications must be prepared and submitted on PHS 398 grant application forms. An abbreviated format and simplified instructions will be provided for use in preparing these applications. The receipt date is June 22, 1987.

Those individuals and institutions meeting eligibility requirements and wishing to receive further information and/or application materials should write to:

AREA
Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building - Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

ONGOING PROGRAM ANNOUNCEMENTS

LANGUAGE-LEARNING STUDIES IN LANGUAGE DISORDERED CHILDREN

P.T. 34; K.W. 0410001, 0710120, 0404004

National Institute of Neurological and Communicative Disorders and Stroke
National Institute of Child Health and Human Development
National Institute of Mental Health

The Communicative Disorders Program (CDP) of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS); the National Institute of Child Health and Human Development (NICHD); and the National Institute of Mental Health (NIMH) encourage the submission of research project grant applications to investigate the language-learning processes of children with specific language impairments. The purpose is to determine how this population can best acquire language, thereby providing foundations for treatment.

BACKGROUND

A specific language impairment is characterized by delays or deficits in the understanding, production, and/or use of language. Various language treatment protocols are provided to these children. However, little is known about the ways in which these children can most efficiently learn language. Experimental investigations which enhance understanding of the language-learning processes of these children, and the reasons for their failure to learn language, will lead to improved treatment methods. The purpose of this announcement is to encourage such investigations.

For the purpose of this document, "Specific language impairment" is equivalent to terms such as "developmental language disorder" and "childhood language disorder" and is restricted to children who have developmental difficulties in the areas of phonology, syntax, semantics, and/or pragmatics, in the absence of hearing loss, mental retardation, documented neurological trauma, or severe emotional disturbance.

RESEARCH GOALS

Experimental language-learning studies aimed at identifying new treatment approaches are being sought. Investigators might focus on such issues as: Do children with specific language impairments learn verbal concepts more effectively in a treatment setting by imitation than by experience-oriented activities? Must children with specific language impairments comprehend particular semantic or syntactic constructions before they can express them? Is the rate of learning a specific language construction a function of frequency of exposure to the target? Investigators should clearly define subject selection criteria and provide details of research design (e.g., cross-over, single/ double blind or time series designs), and methodology. Experimental variables may include types of training materials; training procedures; varying lengths of exposure to training; and subject characteristics.

MECHANISM OF SUPPORT

Support will be through traditional research project grants-in-aid.

TERMS AND CONDITIONS OF SUPPORT

Support for applications submitted in response to this announcement will be through grants for individual research projects or for program projects. Grant funds may be used only for those expenses clearly related to and necessary to carry out research projects, and must be expended in conformance with Public Health Service Grants Policy Statement.

Applications in response to this announcement will be reviewed according to the usual schedule:

Receipt of Applications	Initial Review	Advisory Council Review	Earliest Award Date
October 1	February	May	July 1
February 1	June	September-October	December 1
June 1	October	January-February	April 1

The original and 6 copies of the application must be sent directly to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
5333 Westbard Avenue
Bethesda, MD 20892

REVIEW PROCEDURES

Applications will be reviewed for scientific merit and relevance to program goals in accordance with the standard review procedures of the Public Health Service: that is, each application will be assessed first for scientific merit by a appropriate Initial Review Group of non-Government scientists and then for policy and program relevance by the pertinent National Advisory Council.

STAFF CONSULTATION

For further information, potential applicants interested in specific language impairments may call or write to:

Judith A. Cooper, Ph.D
National Institute of Neurological and Communicative
Disorders and Stroke
Federal Building, Room 1C-06
7550 Wisconsin Avenue
Bethesda, MD 20892
Telephone: (301) 496-5061

For further information, potential applicants interested in dyslexia may call or write to:

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Norman A. Krasnegor, Ph.D
National Institute of Child Health and Human Development
Landow Building, Room 7C-18
7910 Woodmont Avenue
Bethesda, MD 20892
Telephone: (301) 496-6591

For further information, potential applicants interested in learning disabilities may call or write to:

Michael E. Fishman, M.D.
National Institute of Mental Health
Parklawn Building, Room 10-104
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4524

Public Health Service Grants Policy Statement DHHS Publication No. (OASH) 82-50-000 GPO-017-020-00 90-I (rev.) December 1, 1982, and its addendum are available for $5.00 from the Superintendent of Documents, U.S. Government Printing Office

These programs are described in the Catalog of Federal Domestic Assistance, No. 13.853, National Institute of Neurological and Communicative Disorders and Stroke. Grants will be awarded under the authority of Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended; 42 U.S. C. 214) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review.

ADDENDUM

REVISED INFORMATION FOR NRSA FELLOWSHIPS FOR RESEARCH TRAINING IN PRIMARY CARE DISCIPLINES

P.T. 22; K.W. 0720005, 0730000, 0785035

Public Health Service

National Institute of Dental Research

The National Institute of Dental Research wishes to amend its original announcement of this program, which appeared in the NIH Guide for Grants and Contracts, Vol. 16, No. 6, February 13, 1987, to read as follows:

Research training in disease prevention research, behavioral intervention studies for health promotion, nutrition, cost effectiveness and cost benefit analysis research, occupational hazards/infection control studies, health services related epidemiological research, and studies of oral diseases and conditions in high risk individuals and/or special populations.

ERRATUM

SUPERFUND HAZARDOUS SUBSTANCES BASIC RESEARCH PROGRAM, PHASE I

P.T. 34; K.W. 1007001, 1007003, 1007009, 0710030

National Institute of Environmental Health Sciences

Application receipt date: May 1, 1987

The above-referenced announcement was incorrectly captioned as a Request for Proposals (RFP) in the table of contents for Vol. 16, No. 4, of the NIH Guide for Grants and Contracts. This is an ongoing grant program with special application receipt dates, the first of which is May 1, 1987.

U.S. G.P.O. 1987-1[illegible]1-2[illegible]0:40034

NIH GUIDE

For Grants and Contracts

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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VOL. 16, NO. 10, MARCH 13, 1987

Vol. 16, No. 10, March 13, 1987

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NOTICE

AVAILABILITY OF RETINAL DEGENERATION MUTANTS

P.T. 34; K.W. 0780000, 1002002, 0780020

National Eye Institute

The National Eye Institute (NEI) supports the breeding and the distribution of well-characterized retinal degeneration mutants to qualified investigators. Mutants (mice, rats, and dogs) and some limited services (e.g., tissue preparation) are provided. There will be no fee for animals, tissues, or services, but all shipping charges must be met by the investigator. The NEI program goal is to accelerate the pace of research on Retinitis Pigmentosa and other retinal degenerative disorders and to attract new investigators to the field. Some specifics and the name of the appropriate person to contact for complete information follow. NOTE: Guide format restrictions preclude the use of superscript symbols; genetic superscript symbols are printed on the same line as regular text, but are preceded by an asterisk (*).

MICE

Inbred lines of mice with inherited retinal degenerations or other visual system defects are available from two sources, The Division of Neuroscience, Children's Hospital (Boston) and Erasmus University (Rotterdam).

MICE (BOSTON COLONY) The following table lists the mutant strains that are already established and those that will become available shortly. Additional hypopigmentation mutants and alleles will be added if a demand for them is expressed.

Name	Symbol	Strain
Available mutant strains:		
Albino	c*2J	C57BL/6J-c*2J
Nervous	nr	BALB/cGr-nr
Pearl	pe	C57BL/6J-pe
Pearl (wild type-revert.)	pe*+2P	C57BL/6J-pe*+2P
Pink-eyed unstable	p*un	C57BL/6J-p*un
Purkinje cell degeneration	pcd	BALB/cBy-pcd
Retinal degeneration	rd	C3H/HeJ
Ruby-eye-2	ru-2*J	C57BL/6J-ru-2*J
Flecked (Cattanach's translocation)	T(X;7)1Ct	Dp/X c*2J/Df
Additional strains to be made available at a later date:		
Cribiform degeneration	cri	DBA/2J-cri
Purkinje cell degeneration	pcd	C57BL/6J-pcd
Purkinje cell degeneration	pcd*2J	SM/J-pcd*2J
Purkinje cell degeneration		C57BL/6J-pcd*2J
Purkinje cell degeneration	pcd*Sid	C57BL/6J-pcd*Sid
Retinal degeneration	rd	C57BL/6J-rd le Gus-s*h
Vitiligo	vit	C57BL/6J-vit

For further information, contact:

Dr. Richard L. Sidman or Dr. Paul Neumann
Division of Neuroscience
Children's Hospital
300 Longwood Avenue
Boston, MA 02115
Telephone: (617) 735-6077 or -6076

MICE (ROTTERDAM COLONY)

Retinal degeneration, rd, and Retinal degeneration slow, rds, are available separately and as a double mutant on the pigmented C3H-rd*+ and albino BALB/c congenic lines.

For further information, contact:

Dr. Somes C. Sanyal
Department of Anatomy I
Erasmus University
Postbox 1738
3000 DR Rotterdam, The Netherlands
Telephone: 01-4635182

RATS

Royal College of Surgeons (RCS) rats with inherited retinal dystrophy and several congenic strains of RCS animals are available as follows:

RCS	Pink-eyed dystrophic strain
RCS-rdy*+	Pink-eyed normal (control) strain
RCS-p*+	Black-eyed dystrophic strain
RCS-rdy*+p*+	Black-eyed normal (control) strain
RCS-c	Albino dystrophic strain

Congenic F344-c/+ rats are also available. This strain provides genetically similar albino and hooded (black pigmented) littermate animals with normal retinas. These animals are optimal for the study of pigmentation differences in such research areas as light-induced retinal degeneration or ganglion cell axonal guidance mechanisms.

For further information, contact:

Dr. Matthew M. LaVail or Ms. Nancy Lawson
University of California, San Francisco
Department of Anatomy, Box 0452
San Francisco, CA 94143
Telephone: (415) 476-4234

DOGS

Animals and tissues are available on a competetive basis. A brief research protocol will be requested and reviewed for scientific merit by an independent advisory committee. Approved investigators may elect to have dogs shipped to their institution or to have ocular and/or nonocular tissues collected and shipped from the colony.

Miniature poodles either affected with, heterozygous for, or homozygous normal for progressive rod cone degeneration (prcd). The retinal degeneration in prcd-affected m. poodles is a late onset disorder, characterized by a abnormally low rod outer segment (ROS) renewal rate.

Irish setters either affected with, heterozygous for, or homozygous normal for rod cone dysplasia (rcd1). The retinal degeneration in rcd1-affected Irish setters is an early onset disorder, characterized by arrested development of ROS and abnormal retinal cyclic GMP metabolism.

Norwegian elkhounds either affected with or heterozygous for early retinal degeneration (erd). The colony is composed of crossbred elkhound-beagles, derived from the original purebred Norwegian elkhounds in which the disease erd was first recognized. The retinal degeneration in erd-affected dogs is an early onset disorder, characterized by abnormal development of rod inner and outer segments, and of rod and cone synaptic terminals. Retinal cyclic GMP metabolism is normal.

For further information, contact:

Dr. Jack A. McLaughlin
National Eye Institute
National Institutes of Health
Building 31, Room 6A51
Bethesda, MD 20892
Telephone: (301) 496-5983

DROSOPHILA MUTAGENESIS TESTING

RFP AVAILABLE: NIH-ES-87-02

P.T. 34; K.W. 1002028, 0755010

National Institute of Environmental Health Sciences

The National Toxicology Program, National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health, is soliciting qualified sources having the capability to perform Drosphila sex-linked recessive lethal and reciprocal translocation assays for detection of mutagenic chemicals. The successful contractor will be required to test approximately 40 chemicals, over a four-year period, for mutagenicity using the sex-linked recessive lethal test and the reciprocal translocation test in Drosophila melano-gaster. Offerors should possess demonstrated proficiency and experience in the use of Drosophila for detection of chemically-induced mutations. The estimated issuance date of RFP NIH-ES-87-02 is March 16, 1987, and responses will be due to be received by the Contract Specialist no later than May 15, 1987.

Requests should reference RFP NIH-ES-87-02 and should be forwarded to:

National Institute of Environmental Health Sciences
Contracts Management Office, OAM
Attn: Ms. Dorothy G. Williams
4310 South Miami Boulevard
P.O. Box 12874
Research Triangle Park, North Carolina 27709

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS - ECHOCARDIOGRAPHY READING CENTER

RFP AVAILABLE: NIH-NHLBI-HC-87-07

P.T. 34; K.W. 0715040, 0706030

National Heart, Lung, and Blood Institute

The Epidemiology and Biometry Research Program, DECA, NHLBI, seeks an echocardiography reading center for a project in which four field centers will recruit, examine, and follow a total of 5000 men and women (1250 in each center) aged 65 to 84 years at the baseline examination in a prospective study of coronary heart diseases and stroke. The echocardiography reading center will develop a protocol for collection of echocardiography data at the four field centers and perform precise measures of cardiac structure and function from the echocardiogram data collected.

In addition to this RFP for the Echocardiography Reading Center, separate RFPs will be announced as they become available for: (1) the Lipid and Hemostasis Center and: (2) the Ultrasound Reading Center. RFPs for the Field Centers and Coordinating Center have already been announced.

RFP NHLBI-HC-87-07 for the Echocardiography Reading Center will be available on or about April 24, 1987, with proposals due June 29, 1987. One award is anticipated. Your written request should include three mailing labels, self-addressed, and must cite RFP No. NHLBI-HC-87-07.

Requests for copies of the RFP should be sent to:

Betty Nordan
Contracting Officer for Epidemiology and
Biometry Research Program,
ECA Contracts Section
National Heart, Lung, & Blood Institute
Federal Bldg., Room 3C16
Bethesda, MD 20892

TRAINING IN LABORATORY ANIMAL SCIENCE AND MEDICINE - ANIMAL RESOURCES PROGRAM

P.T. 34; K.W. 0720005, 0201058, 0755020

Division of Research Resources

Application Receipt Date: May 10, 1987

The Division of Research Resources (DRR) has supported training programs in laboratory animal science and medicine since 1965. There are nine active institutional training programs.

RESEARCH GOALS AND SCOPE

Additional new and supplemental training applications are requested for programs that will provide postdoctoral training for veterinarians in laboratory animal science and medicine. Proposals should provide for up to three years of training and incorporate research training in areas relevant to laboratory animal science, such as laboratory animal diseases and development of animal models.

ELIGIBILITY AND REVIEW

Any domestic public or nonprofit institution, organization or association is eligible to apply. Applications will be received by the NIH Division of Research Grants on PHS Form 6025-1. Applications will be reviewed by the Animal Resources Review Committee for scientific merit, and the National Advisory Research Resources Council of the DRR for program considerations.

MECHANISM OF SUPPORT

Awards will be as competitive institutional training grants for project periods up to five years. All policies and requirements which govern National Research Service Awards apply to this program.

INQUIRIES

Applicants are encouraged to discuss their plans and obtain additional information from the Animal Resources Program.

Dr. William I. Gay or
Dr. John E. Holman
Animal Resources Program
Division of Research Resources
Building 31, Room 5B59
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-5175

EARLY DIAGNOSIS AND QUANTITATIVE ASSESSMENT OF PROSTATE ADENOCARCINOMA BY ULTRASONOGRAPHY

RFA AVAILABLE: 87-CA-20

P.T. 34; K.W. 0715035, 0706030, 0745020

National Cancer Institute

Application Receipt Date: June 15, 1987

The Division of Cancer Prevention and Control of the National Cancer Institute (NCI) through the Organ Systems Program, invites research grant applications from organizations capable and interested in participating in a network of collaborating institutions charged with carrying out studies on the early diagnosis and quantitative assessment of prostate adenocarcinoma.

OBJECTIVES AND SCOPE

This Request for Applications (RFA) will be utilized to initiate studies which will be implemented through a collaboration among the successful applicant organizations. The NCI proposes to encourage up to five existing prostate research laboratories or clinics with ultrasonography capabilities to assemble the expertise and patients needed to study early diagnosis of prostate cancer. The main goal is to determine the capability of ultrasonography used alone or in combination with biological markers to diagnose early prostate cancer, to measure the volume of cancer tissue and determine its potential invasiveness, and to measure the impact of these procedures on survival by following patients over time.

BACKGROUND

Studies have indicated that when diagnosed early, and prior to capsular invasion, the cure rate for prostate cancer is potentially improved. In addition, it has been reported that tumor volume is associated with capacity to metastasize. At present, there is general consensus that among imaging modalities currently available, ultrasonography offers the greatest potential for early diagnosis and volume assessment of prostate carcinoma. The addition of known biological markers may enhance the capability of laboratories or clinics with existing ultrasonography capabilities are encouraged to take the leadership in response to this RFA. It is the intent of this RFA to initiate network studies among organizations for the purpose of evaluating ultrasonography in diagnosing early prostate cancer using uniform and standardized approaches and techniques. At the time of submission, a core of qualified investigators, technical expertise, patient populations, and facilities should exist in the applicant organization and any proposed affiliates.

APPLICATION SUBMISSION AND REVIEW

A potential applicant is encouraged, but is not required, to submit a letter of intent, and is encouraged to consult with NCI staff before submitting. Letters of intent are requested by April 17, 1987. The letter of intent will not enter into the review of an application submitted in response to this RFA.

Applications responsive to this RFA will be reviewed for scientific merit by an appropriate review group composed primarily of non-Federal experts and convened by the Division of Extramural Activities, National Cancer Institute. Reviewers will consider each application in terms of its projected research plans and proposed plans for implementing network activities. This RFA announcement solicitation is for a single competition and has one specific deadline, June 15, 1987, for receipt of applications.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to domestic non-profit and profit organizations. An applicant organization may apply for a period of support of up to three years. It is anticipated that up to five awards will be made at an annual total cost of approximately $600,000. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. PHS grant policies governing regular research project grants apply to applications received in RFA, please contact:

Andrew Chiarodo, Ph.D.
Organ Systems Section
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 717
Bethesda, Maryland 20892-4200

ONGOING PROGRAM ANNOUNCEMENTS

CEREBROVASCULAR DISEASE AND STROKE IN BLACKS AND OTHER MINORITIES

P.T. 34, FF; K.W. 0715200, 0785055, 0411005, 0745020

National Institute of Neurological and Communicative
Disorders and Stroke

The Stroke and Trauma Program (STP), National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), invites applications for support of research that will increase our knowledge and understanding of cerebrovascular disease in Blacks and other minorities.

BACKGROUND

According to the Report of the Secretary's Task Force on Black and Minority Health (August 1985), there is a continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans compared with the population as a whole. In the United States, stroke is the third leading cause of death and a prime cause of disability. At least a half million Americans each year suffer an acute stroke. The overall problem is even more imposing than annual incidence and mortality figures would indicate, since many strokes are not fatal and recurrent strokes are common in nearly all forms of cerebrovascular disease. In the Black population, age-adjusted death rates for stroke are almost twice that of the white population. Dramatic differences between the extent of the various cerebrovascular risk factors are thought to exist among minority populations, when compared with each other, and when each is compared with the population as a whole. Whereas some risk factors, such as transient ischemic attacks, are well known, the existence of other factors and the interrelationship between various predisposing factors remain unclear. Not enough is known about differences in the incidence of the various kinds of stroke, although clinical evidence suggests that such differences may exist.

RESEARCH GOALS AND SCOPE

The STP is seeking investigator-initiated research grant applications for basic, applied, and clinical studies related, in the broadest sense, to the etiology, prevention, early (presymptomatic) diagnosis, and treatment of stroke, including rehabilitation, as these may relate to Blacks and other minorities.

Examples of important research approaches for consideration might include, but should not necessarily be limited to:

- longitudinal epidemiology of the distribution and inter-relation between risk factors;
- relation of outcome from stroke to the differences in diagnostic methodology, acute management, post-stroke care, and recurrent stroke in Blacks and other minorities;
- evaluation of treatment factors, including treatment compliance, in this special population;
- special problems of Blacks and other minorities that may have an impact on the identification, diagnosis, treatment, management, follow-up, or long-term outcome;
- application and evaluation of emerging techniques for the analysis, diagnosis, and treatment of cerebrovascular disease; and
- comparative studies of other identifiable populations at risk for stroke.

MECHANISM OF SUPPORT

The support mechanism for grants in this area will be the usual investigator-initiated research project grant (R01) and the program project grant (P01). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research. Applicants for program project grants should contact the NINCDS representative listed below as early as possible in the planning stages.

APPLICATION AND REVIEW PROCEDURES

Applications must be prepared on form PHS 398 according to the instructions included in the application kit. These kits are available from the business offices of most institutions eligible to receive Federal grants or from the Division of Research Grants, NIH. Applicants for program project grants should request, from the address below, a copy of the NINCDS GUIDELINES FOR THE PREPARATION OF A PROGRAM PROJECT GRANT APPLICATION.

Receipt dates for new research project grant (R01) applications and for program project grant (P01) applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "CEREBROVASCULAR DISEASE AND STROKE IN BLACKS AND OTHER MINORITIES."

Use the mailing label provided in the application kit to mail the signed original and six exact copies of it to the Division of Research Grants.

If the application is for a program project grant, please send the original and four copies to the Division of Research Grants. Send two copies to the address listed below. Any questions concerning this should be directed to:

Ms. Jean D. Benedict
Health Scientist Administrator
Stroke and Trauma Program, NINCDS
Federal Building, Room 8A13
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Research project grant (R01) applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Program project grant (P01) applications will be reviewed by an appropriate review group in the NINCDS. Secondary review will be by the National Advisory Neurological and Communicative Disorders and Stroke Council. Applications judged to be within the purview of other Institutes of the NIH will be assigned accordingly and, for the program project grant application, reviewed according to that Institute's prevailing practice.

This program is described in the Catalogue of Federal Domestic Assistance, Number 13.853 and 13.854, Stroke, Nervous System Trauma. Grants will be awarded under the authority of the Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Services Agency review of the intergovernmental review requirements of Executive Order 12372.

SMALL GRANT PROGRAM FOR PILOT PROJECTS

P.T. 34, FF; K.W. 1002046, 0785035, 0710030

National Eye Institute

The National Eye Institute (NEI) announces the revision of its guidelines for small-grant awards, beginning with applications submitted after the February 1, 1987 receipt date. The principal new features of the revised program guidelines include the following:

"Target populations" of investigators for the program now include ONLY the following categories of persons:

1 Clinicians with limited research experience

2 Investigators (clinicians or non-clinicians) coming into vision research for the first time from another area

3 Investigators at minority institutions

4 Investigators located in largely non-research environments

5 Recently trained basic scientists, who have received the Ph.D. or other non-clinical doctorate within the last 5 years

The first two categories of investigators will be in especially favorable positions for funding of approved applications.

The maximum amount of an award will be $25,000 (direct costs) for a one-year period.

There will be two receipt dates for applications, which will be accepted for review ONLY for February 1 and October 1 deadlines each year.

TERMS OF THE AWARD

The award will provide a maximum of $25,000 (direct costs) for technical assistance, supplies, small equipment, and travel required by the project. The NEI expects to make approximately 15 awards for each review cycle (i.e., 30 awards per year).

The award may not be used to supplement support for an ongoing project.

APPLICATION AND REVIEW PROCEDURES

Applications shall be submitted on form PHS 398, available at most institutional business offices or from the Division of Research Grants, NIH. Because the format for preparing this application is different from that used for regular research grants, additional information and instructions should be obtained from Dr. Henley at the address listed below. APPLICATIONS MUST ADHERE TO THIS FORMAT TO BE RESPONSIVE. Review will be scheduled as follows:

Receipt Date Annually	Institute Committee Review	Council Review	Earliest Date for Funding
October 1	November	Jan.-Feb.	February
February 1	March	May-June	June

Approved applications will either be funded or withdrawn immediately after review by the National Advisory Eye Council.

REVIEW CRITERIA

Applications will be evaluated with respect to the following criteria: The significance and scientific merit of the proposed project; its characterization as an innovative and/or high-risk and/or pilot project which provides a basis for more extended research; the methodology, including choice of experimental material; the investigator's background and training for carrying out the project; adequacy of the available and requested facilities and the adequacy of justifications presented for budget requests.

CENTERS FOR NEUROSCIENCE AND SCHIZOPHRENIA (CNSs)

P.T. 04; K.W. 1002030, 0710030, 0785185, 0414004

National Institute of Mental Health

Application Receipt Dates: October 1, 1987 and February 1, 1988

The National Institute of Mental Health announces the availability of support for Centers for Neuroscience and Schizophrenia (CNSs) to pursue integrated research relevant to the schizophrenic disorders. It is expected that the Centers will encourage investigators to bring to the field of clinical schizophrenia research the full range of expertise and advanced technologies available in the basic sciences. The Institute expects to make awards for two or three Centers in Fiscal Year 1988, subject to the availability of funds. Applicants are expected to request 5 years of support. The first receipt dates for applications are October 1, 1987, and February 1, 1988; subsequently, applications will be accepted on regularly scheduled receipt deadlines. Letters of intent are requested 6 months prior to the application receipt date. Letters of intent and inquiries should be directed to:

David Shore, M.D.
Schizophrenia Research Branch
Division of Clinical Research
Room 10C-06
Telephone: (301) 443-4707 or

Stephen Koslow, Ph.D.
Neurosciences Research Branch
Division of Basic Sciences
Room 11-105
Telephone: (301) 443-1504

The address for both of the above is:

National Institute of Mental Health
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

DEMENTIA ASSOCIATED WITH CEREBROVASCULAR DISEASE: ELUCIDATION OF MECHANISMS

P.T. 34; K.W. 0705010, 0745055, 0755030, 1002004, 0765035, 0745020

National Institute of Neurological and Communicative
Disorders and Stroke

BACKGROUND

The Stroke and Trauma Program of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) invites grant applications for the support of research on the causative mechanisms, prevention, and treatment of dementia associated with cerebrovascular disease. Although stroke is the third leading cause of death and disability in the United States, there is also a large number of victims of cerebrovascular disease or cerebral infarction who experience widespread loss of neurological function that may vary from minor memory loss to diffuse cerebral dysfunction but who do not show a typical stroke syndrome with the sudden onset of focal symptoms. The initial complaint may be dementia with a severity that depends upon the stage, extent, or anatomical site of cerebrovascular disease. The symptoms may include minor focal signs, but the primary manifestation is a widespread loss of function such as disorientation, loss of motivation, apathy, irritability, depression, loss of mental equilibrium, and decline of memory or social withdrawal, all of which presumably result from many small widespread infarctions that individually cause only a slight deterioration in overt neurological function.

The ultimate objective of research generated from this program announcement is to provide some form of treatment either to prevent the disease before it develops or to prevent progression once it has started. Effective treatment, however, must be based on accurate diagnosis and the elucidation of the physiological, molecular, and cellular causes of the disease.

RESEARCH GOALS AND SCOPE

Dementia associated with cerebrovascular disease may initially be clinically similar to dementia from other causes. Consequently, for purposes of studying the physiological, biochemical, and molecular causes of cerebrovascular dementia, as well as means of prevention, intervention, treatment, or possibly even reversal of dementia secondary to cerebrovascular disease, it is essential that physicians and scientists be able to distinguish between dementia associated with cerebrovascular disease and dementia of other etiologies. Thus, grant applications are invited on topics that may range from fundamental research (studies of basic, mechanistic causes) to the essential aspects of diagnosis and therapeutic modalities. In addition to unresolved issues and problems that need to be enunciated, defined, and explored, the following examples include but are not limited to specific research questions that may be addressed.

- What scientifically sound and meaningful distinctions can be made between the dementia caused by multiple cerebral infarcts and dementias of other etiologies?
- What are the vascular, anatomical, physiological, cellular, and molecular events that lead to the cerebrovascular disease that results in dementia and how may these events be measured?
- Are there anatomical, physiological, cellular, and (or) molecular markers or events that can be used as predictors for developing and guiding diagnosis and treatment or that can serve as indicators for controlling the development or progression of dementia associated with cerebrovascular disease?
- Are there different types of cerebrovascular disease that cause dementia? If so, how can they be distinguished physiologically, clinically, or pathologically? Is the outcome different?

MECHANISM OF SUPPORT

The support mechanisms for grants in this area will be the traditional investigator-initiated research project grant (R01) and the program project grant (P01). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research. Potential applicants for program project grants should contact the NINCDS representative listed below as early as possible in the planning stages for advice and guidance.

APPLICATION AND REVIEW PROCEDURES

Application must be prepared on form PHS 398 according to the applicable instructions included in the application kit. These kits are available from the business offices of most institutions eligible to receive Federal grants or from the Division of Research Grants, NIH. Applicants for program project grants should request, from the address below, a copy of the NINCDS GUIDELINES FOR THE PREPARATION OF A PROGRAM PROJECT GRANT APPLICATION.

Receipt dates for new research project grant (R01) applications and for program project grant (P01) applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "DEMENTIA ASSOCIATED WITH CEREBROVASCULAR DISEASE: ELUCIDATION OF MECHANISMS."

Use the mailing label provided in the application kit to mail the signed original and six exact copies of it to the Division of Research Grants (DRG).
If the application is for a program project grant, please send the original and 4 copies to DRG. The other 2 copies should be sent to:

Jean D. Benedict
Health Scientist Administrator
Stroke and Trauma Program, NINCDS
Federal Building, Room 8A-13
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Research project grant (R01) applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Program project grant (P01) applications will be reviewed by an appropriate review group in the NINCDS. Secondary review will be by the National Advisory Neurological and Communicative Disorders and Stroke Council. Applications judged to be within the purview of other Institutes of the NIH will be assigned accordingly, and, for the program project grant application, reviewed according to that Institute's prevailing practice.

This program is described in the Catalogue of Federal Domestic Assistance, Number 13.853 and 13.854, Stroke, Nervous System Trauma. Grants will be awarded under the authority of the Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or to review by a Health Systems Agency.

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INCLUSION OF WOMEN IN STUDY POPULATIONS

P.T. 34, II; K.W. 0770000, 1014002

National institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The above-referenced Notice published in the NIH Guide for Grants and Contracts, Vol. 16, No. 3, dated January 23, 1987, has an error in the third sentence of the second paragraph. The sentence should read as follows:

"Gender differences should be noted and evaluated."

.S. G.P.O. 1987-181-289:40035

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the ational Institutes of Health.

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P.T. 16; K.W. 0783005

National Institutes of Health
Food and Drug Administration

The National Institutes of Health and the Food and Drug Administration recently issued a new videotaped series entitled "Protecting Human Subjects," consisting of three consists of three instructional videotapes. The videotapes are designed for a variety of audiences, such as researchers, Institutional Review Board (IRB) members, institutional officials, medical and research students, and other research team members.

The videotapes represent a Public Health Service (PH)-wide collaborative effort, involving two PHS components: the Food and Drug Administration and the National Institutes of Health. These videotapes capture various features of a program to protect human subjects of research. The original supply of the new videotape series was mailed out to all institutions of record holding assurances, specifically the chairman of the Institutional Review Board (IRB) or the Institutional Official. In addition, the videotapes were mailed out to several Regional Medical Libraries listed below, and are available on interlibrary loan:

Region 1 - (States served: CT, DE, ME, NH, NJ, NY, PA, RI, VT, and Puerto Rico)

GREATER NORTHEASTERN REGIONAL MEDICAL
LIBRARY PROGRAM (GNRMLP)
The New York Academy of Medicine
2 East 103rd Street
New York, NY 10029
Telephone: (212) 876-8763

Region 2 - (States served: AL, FL, GA, MD, MS, NC, SC, TN, VA, WV, District of Columbia, and Virgin Islands)

SOUTHEASTERN/ATLANTIC REGIONAL MEDICAL
LIBRARY SERVICES (SARMLS)
University of Maryland
Health Sciences Library
111 South Greene Street
Baltimore, MD 21201

Region 3 - (States served: IA, IL, IN, KY, MI, MN, ND, OH, SD, WI)

GREATER MIDWEST REGIONAL MEDICAL LIBRARY NETWORK (GMRMLN)
University of Illinois at Chicago
Library of the Health Sciences
P.O. Box 7509
Chicago, IL 60680
Telephone: (312) 996-2464

Region 4 - (States served: CO, KS, MO, NE, UT, WY)

MIDCONTINENTAL REGIONAL MEDICAL LIBRARY PROGRAM (MCRMLP)

University of Nebraska
Medical Center Library
42nd and Dewey Avenue
Omaha, NE 68105-1065
Telephone: (402) 559-4326

Region 5 - (States served: AR, LA, NM, OK, TX)

SOUTH CENTRAL REGIONAL MEDICAL LIBRARY PROGRAM (TALON) The
The University of Texas
Health Science Center at Dallas
5323 Harry Hines Boulevard
Dallas, TX 75235-9049
Telephone: (214) 688-2085

Region 6 - (States served: AK, OD, MT, OR, WA)

PACIFIC NORTHWEST REGIONAL HEALTH SCIENCES
LIBRARY SERVICE (PNRHSLS)
Health Sciences Library and Information Center
University of Washington
Seattle, WA 98195

Region 7 - (States served: AZ, CA, HI, NV, and U.S. Territories in the Pacific Basin)

PACIFIC SOUTHWEST REGIONAL MEDICAL
LIBRARY SERVICE (PSRMLS)
UCLA Biomedical Library
Center for the Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90024
Telephone: (213) 825-1200

The videotapes may be duplicated for institutional usage without restriction except for commercial broadcasting purposes. If you would like to obtain your own copy of the videotapes, please contact the Chairman of your IRB; the Institutional Official; or one of the Regional Medical Libraries and make arrangements to borrow the videotapes for duplication. The User Guide is in preparation and will be supplied at a later date.

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

CANCER PREVENTION AWARENESS: THE BLACK COLLEGE AS A RESOURCE

RFP AVAILABLE: NCI-CO-74107-40

P.T. 16, FC; K.W. 0715035, 0745055

National Cancer Institute

The National Cancer Institute, Prevention and Control Contracts Section, is soliciting Requests for Proposals (RFP) for the development and implementation of effective diffusion strategies which utilize a black college/university in the dissemination of information about cancer to the black population.

The offeror's proposal must include a letter of commitment from a black college/university.

RFP NCI-CO-74107-40 will be available approximately April 3, 1987. After this announcement appears in the Commerce Business Daily (CBD), the proposals will be due 45 calendar days from the actual date of the RFP issuance. A reading room will be made available.

Copies of the RFP may be obtained by sending a written request, citing the RFP number, to:

Teresa A. Baughman
Contract Specialist
National Cancer Institute, NIH
Research Contracts Branch
Blair Building, Room 314
Bethesda, Maryland 20892
Telephone: (301) 427-8877

OCC COMMUNITY SUPPORT CONTRACT

RFP AVAILABLE: NCI-CO-74106-10

P.T. 16; K.W. 0715035, 0403004

National Cancer Institute

The National Cancer Institute, Prevention and Control Contracts Section, is soliciting Proposals for a Master Agreement on projects to support the planning, development, implementation of public information projects which require application at the regional or local level.

RFP NCI-CO-74106-10 will be available approximately April 3, 1987. After this announcement appears in the Commerce Business Daily (CBD), the proposals will be due 45 calendar days from the actual date of the RFP issuance. A reading room will be made available.

Copies of the RFP may be obtained by sending a written request, citing the RFP number to:

Joan E. O'Brien
Contract Specialist
National Cancer Institute, NIH
Research Contracts Branch
Blair Building, Room 314
Bethesda, MD 20892
Telephone: (301) 427-8877

MULTICHANNEL, MULTIPLEXED, INTRACORTICAL RECORDING ELECTRODE ARRAYS

RFP AVAILABLE: NIH-NINCDS-87-06

P.T. 34; K.W. 0735000, 0706010, 0705055

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement to design, fabricate and test integrated multiplexed multiple electrode intracortical recording probes.

Offerors must have access to custom-integrated circuit fabrication facilities, experience recording biological potentials from the nervous systems of living organisms, and experience with protecting integrated circuits from saline environments.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-NINCDS-87-06 will be issued on or about March 27, 1987, with a closing date for receipt of proposals set for May 28, 1987.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which shall be considered by the agency. Requests for copies of the RFP will be honored if received within 20 calendar days after the scheduled issue date of the RFP. Requests received after this period will be filled on a first-come, first-served basis until the supply is exhausted. The RFP package will be available upon written request to:

Contracting Officer, Contracts Management Branch
NINCDS
National Institutes of Health
Federal Building, Room 901
Bethesda, Maryland 20892

This announcement represents a recompetition of a contract currently being performed by the University of Michigan and the incumbent is expected to reply.

COATINGS FOR PROTECTION OF INTEGRATED CIRCUITS

RFP AVAILABLE: NIH-NINCDS-87-07

P.T. 34; K.W. 0706000, 0706010, 0706040, 0740050

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement to develop and evaluate materials as protective, thin film coatings on integrated circuits for use with non-hermetically sealed, implantable neural prosthesis.

Offerors must have experience with coating for protection of electrical circuits from hostile environments and expertise in testing electrical properties of insulators.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-NINCDS-87-07 will be issued on or about March 27, 1987, with a closing date for receipt of proposals set for May 28, 1987.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which shall be considered by the agency. Requests for copies of the RFP will be honored if received within 20 calendar days after the scheduled issue date of the RFP. Requests received after this period will be filled on a first-come, first-served basis until the supply is exhausted. The RFP package will be available upon written request to:

Contracting Officer, Contracts Management Branch
NINCDS
National Institutes of Health
Federal Building, Room 901
Bethesda, Maryland 20892

This announcement represents a recompetition of a contract currently being performed by the Univesity of Missouri and the incumbent is expected to reply.

AVAILABILITY OF ADDITIONAL POSTDOCTORAL POSITIONS ON EXISTING INSTITUTIONAL NRSA TRAINING GRANTS

RFA 87-AI-16

P.T. 44; K.W. 0720005, 0710070, 0785050

National Institute of Allergy and Infectious Diseases
National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: May 15, 1987

PURPOSE

The National Institute of Allergy and Infectious Diseases and the National Institute of Diabetes and Digestive and Kidney Diseases are interested in providing training opportunities in immunology for physicians with a background in diabetes or endocrinology.

BACKGROUND

Concepts and techniques developed in immunology are relevant to understanding the pathogenesis of diabetes and autoimmune endocrine diseases. The role of HLA antigens, immune regulatory cells, antigen-antibody interactions, and other immune phenomena are being actively investigated as etiologic factors in diabetes and autoimmune endocrine disorders. Parallels between the regulation of secretion and the mechanism of action of traditional endocrine hormones and of cytokines or locally active peptides produced by the immune system have recently been appreciated. In fact, pituitary and hypothalamic peptides, which long have been known to regulate immune functions, are now found to be actually produced by immunocompetent cells. This suggests an integration of the endocrine and immune systems with important implications for the function of both systems.

PROGRAM SPECIFICATIONS

The proposed training program for these supplemental positions must be described in detail, including the potential for interactive opportunities to study immune phenomena in endocrine disorders. In this regard, at least one intrainstitutional faculty member should be identified who is an experienced endocrinologist with a track record in training students and fellows in endocrinology, and whose presence in the program would enhance such interactive opportunities. A combined integrated program should be designed by the immunology faculty in collaboration with the endocrinology faculty to achieve the purpose of maximum interaction. The application should describe the strengths in clinical endocrinology and endocrinology research in the institutional environment. Background information should be provided in the application regarding the specific strengths of the immunology training program and how this would fit in the training of the fellow or fellows. The information should include the total number of trainees in the current program.

ELIGIBILITY AND MECHANISM OF SUPPORT

Only program directors of institutional NRSA immunology training grants which are currently being supported by NIAID are eligible to apply for this supplement. Each program director may request up to three additional postdoctoral training positions for up to four years. The start date is July 1, 1987. Depending upon the number of meritorious applications received, up to ten positions may be supported as a result of this RFA. This RFA may be readvertised, contingent upon the availability of funds and the success of the program.

METHOD OF SELECTING FELLOWS

The application also must specify methods for soliciting physicians with expertise in clinical diabetes or endocrinology and criteria for selecting trainees. The fellows to be selected should have completed their training in endocrinology or diabetes as a subspecialty of internal medicine or pediatrics.

REVIEW PROCEDURES

The applications will undergo peer review by the Allergy and Clinical Immunology Research Subcommittee, of the Allergy, Immunology and Transplantation Committee of the NIAID, at its June 1987 meeting. Review will be guided by the elements described under "Program Specifications" above. Applications considered non-responsive to the RFA or received past the receipt date will be returned to the applicant.

METHOD OF APPLYING

The application should be prepared on Form PHS 398 or PHS 6025-1 (Rev. 1-83), which may be obtained from the business office of the institution or from the Division of Research Grants, NIH. In item 2 of the face page of the application, enter the RFA number and "NIAID: Supplement to Immunology NRSA Grant." Applications must be received by May 15, 1987. The original and four copies of the application should be sent or delivered to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892-4500

In order to expedite review, two copies should also be sent to:

Nirmal K. Das, Ph.D.
Executive Secretary
Allergy, Immunology, and Transplantation
Research Committee
Westwood Building - Room 706
National Institute of Allergy and
Infectious Diseases
Bethesda, Maryland 20892
Telephone: (301) 496-7966

The executive secretary should be contacted if there are questions pertaining to review.

INQUIRIES

For additional programmatic information contact:

Sheldon Cohen, M.D.
Director, Immunology, Allergic and Immunologic Diseases
Program, National Institute of Allergy and Infectious
Diseases
Building 31, Room 7A52
Bethesda, Maryland 20892
Telephone: (301) 496-1886

or

Lois F. Lipsett, Ph.D.
Chief, Special Programs Branch
Division of Diabetes, Endocrinology, and Metabolic Diseases
National Institute of Diabetes and Digestive and Kidney
Diseases
Westwood Building, Room 620
Bethesda, MD 20892
Telephone: (301) 496-7433

This program is described in the Catalog of Federal Domestic Assistance No. 13.885, Immunology, Allergic and Immunologic Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulation 42 CFR Part 74. The program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

SOCIAL AND DEMOGRAPHIC RESEARCH ON INFANT MORTALITY AND LOW BIRTHWEIGHT

RFA AVAILABLE: 87-HD-06

P.T. 34; K.W. 0413001, 0403020, 1002012

National Institute of Child Health and Human Development

Application Receipt Date: June 15, 1987

BACKGROUND INFORMATION

The Demographic and Behavioral Sciences Branch (DBSB), Center for Population Research (CPR), National Institute of Child Health and Human Development (NICHD), supports research on demographic processes, including infant mortality. This RFA invites scientists to submit grant applications for the support of research on social, demographic, economic, and behavioral aspects of infant mortality and low birthweight, especially as they relate to racial and ethnic differences in the U.S. In 1985, a subcommittee of the DHHS Task Force on Black and Minority Health assessed the state of knowledge regarding racial and ethnic differences in infant mortality and low birthweight and made a number of recommendations, some of which relate to social and behavioral research. One goal of this solicitation is to encourage scientists to address these research recommendations. VOLUME VI: INFANT MORTALITY AND LOW BIRTHWEIGHT of the REPORT OF THE SECRETARY'S TASK FORCE ON BLACK AND MINORITY HEALTH may be obtained by contacting: Inter-America Research Associates, 1555 Wilson Boulevard, Arlington, VA 22209, (703) 522-0870. Applicants are not required to address a specific research recommendation from this report although it is desirable for these issues to be considered.

RESEARCH GOALS AND SCOPE

The goal of this RFA is to support social and demographic research on infant mortality and low birthweight. While there are clearly biological processes related to poor infant outcome, it is also clear that there are powerful social and behavioral correlates as well. While the infant mortality rate is the lowest ever observed in the U.S., both for blacks and for whites, it is twice as high for blacks as for whites. Other racial/ethnic groups show patterns of disadvantage in infant outcome but may vary as to whether these patterns are reflected in low birthweight rates or infant mortality. The state of knowledge regarding racial/ethnic differences has been reviewed in the report cited above. While applicants are not required to address specific issues raised in that volume, they are urged to consider the review and research recommendations. Within the context of social and demographic research on infant mortality and low birthweight, there is an expectation that such research will help illuminate the racial and ethnic differences observed in the U.S.

Applicants may elect to collect new data or to analyze existing data. If new data collection is planned, applicants should show how existing data are inadequate for the purposes of the research. If existing data are proposed for analysis, applicants should show that the data are available to them and are adequate for the problem under study. Research is not restricted to contemporary or U.S. data, but historical or comparative research should show clearly how it will further the understanding of the issues posed in the RFA.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant. Policies that govern research grant programs of the National Institutes of Health will prevail. It is anticipated that up to five projects will be funded contingent on the overall merit of the proposed research and the availability of funds.

APPLICATION AND REVIEW PROCEDURE

Applications submitted in response to this RFA will be reviewed for scientific merit by an initial review group which will be convened by the Scientific Review Program of the National Institute of Child Health and Human Development (NICHD) to review only these applications.

The factors to be used in evaluating the scientific merit of each application will include originality of the proposed research and originality of approach; quality of theoretical-conceptual framework; adequacy of research design; appropriateness of data analysis techniques; suitability of facilities; training, experience, and research competence of investigators; and soundness of proposed budget. These criteria will be used to evaluate each application relative to the goals of the subject RFA.

To receive copies of the full RFA and to receive further information, contact:

Wendy Baldwin, Ph.D.
Demographic and Behavioral Sciences Branch
Center for Population Research, NICHD
Room 7C25, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-1174

STUDIES OF MORPHOGENESIS AND MALFORMATIONS OF THE SKIN

RFA AVAILABLE: 87-HD-07

P.T. 34; K.W. 1002059, 0715185, 0775030

National Institute of Child Health and Human Development

Application Receipt Date: September 15, 1987

The Genetics and Teratology Branch (GTB) of the Center for Research for Mothers and Children (CRMC) of the National Institute of Child Health and Human Development (NICHD) invites research grant applications for studies of the morphogenesis and malformations of the skin. By issuing this request for applications (RFA), the Branch is encouraging investigators' interest in a new research emphasis area important to the Institute's mission.

BACKGROUND

Studies of skin development are important in view of the fact that developmentally-caused skin malformations constitute a spectrum of birth defects that range from relatively mild conditions to severely disabling and sometimes even fatal disease. Congenital skin defects can include painful blistering disorders, keratinization abnormalities, pigment cell anomalies, epidermal dysplasias, and other aberrations of the integumentary system. Although these disorders are recognized in early postnatal life as morphological anomalies, they may in fact originate from structural, functional or biochemical errors that are initiated in the embryonic or fetal skin before birth. Morphological characteristics of the developing fetal skin have already been successfully employed for the prenatal diagnosis of some congenital skin disorders. The list of prenatally diagnosable skin diseases may now be greatly expanded with the utilization of the newer prenatal diagnostic techniques such as chorionic villi sampling to look for abnormal gene structure. Such advances in the prenatal detection of skin disorders are, however, contingent upon an increased understanding of the molecular and developmental basis of skin malformations. NICHD, therefore, encourages this emphasis on basic biological studies combined with clinical investigations of the development of the integument that should aid in the prevention of developmentally-caused skin malformations in the future.

RESEARCH GOALS

This RFA encourages research into the development of the skin. Structural aspects of skin development can be included but increased emphasis should be placed on molecular, cellular, and developmental contributions to skin maturation that have not been adequately covered to date. Studies are sought that include examination of intrinsic factors and of non-genetic embryonic, intra-uterine, and exogenous factors that influence the developmental activation and switching of cutaneous genes. Investigations are encouraged to examine the expression of protein, glycoprotein, proteoglycan and lipid markers that characterize differentiation of the developing skin, and that form the skin's epidermis, dermis, and its basement membrane zone (dermal-epidermal junction) that separates these two tissue layers. Studies of epidermal maturation should include examinations of the periderm, of the epidermis' macromolecular components, and of stem and immigrant cell and of the dermis' contributions to epidermal tissue structure. The dermis' investigations should contain examinations of extracellular matrix maturation and of the role of the matrix components and of epidermal and developing nerve and vascular network contributions to the dermis' acquisition of function and shape. Studies of dermal-epidermal junction development need to include the developmental regulation of junctional components and their relation to the structural maturation of the basement membrane zone. Investigations into various causes of abnormal skin maturation are also of interest, as are studies that foster application of the basic knowledge to clinical problems in order to establish improved prenatal diagnoses of developmentally-caused skin malformations. Human and other mammalian models are preferred but studies using nonmammalian models or cell or organ culture systems that contribute to our knowledge of cutaneous maturation and the production of developmentally-caused skin deformities in the human are also sought.

STAFF CONTACT

For further information and a copy of the RFA contact:

Anne K. Krey, or
Delbert H. Dayton, M.D.
Genetics and Teratology Branch
Center for Research for Mothers and Children
National Institute of Child Health and Human Development
National Insitutes of Health
Landow Building, Room 7C08
Bethesda, Maryland 20892
Telephone: (301) 496-5541

ERRATUM

ERRORS IN NUMBERING OF NIH GUIDE ISSUES

Recent errors in editing and schedule changes have created some confusion about issues that were shipped or incorrectly numbered. The Guide staff offers the following information with apologies to our readers.

- February 20, 1987: The cover sheet incorrectly identifies this issue as Vol. 16, No. 6. It is actually Vol. 16, No. 7, as indicated correctly in the table of contents.
- February 27, 1987: There was no Guide published.
- March 6, 1987: This issue was identified as Vol. 16, No. 9. Please note that there is no No. 8 in the series.

ADDENDA

GROWTH FACTORS OF THE KIDNEY, GENITOURINARY AND HEMATOLOGIC SYSTEMS

RFA 87-DK-03

P.T. 34, K.W. 0760020, 0705075, 0785070, 0765035, 1002004, 1002008, 1002017, 0785050, 0710070, 0710100

National Institute of Diabetes and Digestive and Kidney Disease

Application Receipt Date: April 1, 1987

The announcement of this RFA in the Vol. 15, No. 31, December 26, 1986 issue of the NIH Guide for Grants and Contracts failed to indicate that the NATIONAL HEART, LUNG, AND BLOOD INSTITUTE has a continuing interest in the support of research on growth factors of the hematopoietic system. Applications received in response to this RFA that are related to hematologic systems will be considered for funding by both the National Institute of Diabetes and Digestive and Kidney Diseases and the NATIONAL HEART, LUNG, AND BLOOD INSTITUTE.

ERYTHROPOIETIN REGULATED EXPRESSION, RECEPTION, AND MODULATION OF CELLULAR DIFFERENTIATION

RFA 87-DK-06

P.T. 34; K.W. 0760020, 1002004, 1002008, 0760075, 0790000, 1002019, 0765015

Application Receipt Date: April 1, 1987

National Institute of Diabetes and Digestive and Kidney Diseases

The announcement of this RFA in the Vol. 15, No. 31, December 26, 1986 issue of the NIH Guide for Grants and Contracts failed to indicate that the NATIONAL HEART, LUNG, AND BLOOD INSTITUTE has a long standing interest in the support of research on erythropoietin, erythropoiesis, and erythroid differentiation. Applications received in response to this RFA that are related to hematologic systems will be considered for funding by both the National Institute of Diabetes and Digestive and Kidney Diseases and the NATIONAL HEART, LUNG, AND BLOOD INSTITUTE.

U.S. G.P.O. 1987- 181-289:40036

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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NOTICES

INCLUSION OF WOMEN IN STUDY POPULATIONS

P.T. 34; K.W. 0770000, 1014002

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The Public Health Service Task Force on Women's Health Issues published its report in the January 1985 issue of Public Health Reports. One of the Task Force's major recommendations was that biomedical and behavioral research be expanded to assure appropriate emphasis on conditions and diseases unique to, or more prevalent in, women of all age groups.

In keeping with one aspect of this recommendation, the NIH and the ADAMHA urge applicants for grants and offerors for contracts to consider the inclusion of women in the study populations for all clinical research efforts. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If women are not to be included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the medical community, it is recommended that publications resulting from NIH or ADAMHA-supported research in which the study population was limited to one sex for any reason other than that the disease or condition studied exclusively affects that sex, should state, in the abstract or summary, the gender of the population studied, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

For further clarification or discussion of this issue, contact:

National Institutes of Health
Luz A. Froehlich, M.D.
Chairperson, NIH Advisory Committee on Women's Health Issues
Telephone: (301) 496-7688

Alcohol, Drug Abuse, and Mental Health Administration
Delores L. Parron, Ph.D.
Associate Director for Special Populations, NIMH
Coordinator for Special Populations, ADAMHA
Telephone: (301) 443-2847

IMPACT OF TAX REFORM ON NATIONAL RESEARCH SERVICE AWARDS (NRSA) INSTITUTIONAL TRAINING GRANTS AND INDIVIDUAL FELLOWSHIPS

P.T. 22, 44; K.W. 1014002, 0720005

Alcohol, Drug Abuse, and Mental Health Administration

The Tax Reform Act of 1986, Public Law 99-514, will have an impact on the tax liability of all individuals supported under the National Research Service Awards (NRSA) made under Section 487 of the Public Health Service Act.

In brief:

- Degree candidates who, prior to the enactment of Public Law 99-514, were able to exclude all monies received under an NRSA award from their reported income, may now exclude only course tuition, fees, books, supplies and equipment required for attendance.
- Non-degree candidates, who formerly were able to exclude from stipends $300 a month for a period not to exceed 3 years in a lifetime, will now be required to report all stipends and any monies paid on their behalf for course tuition and fees required for attendance.
- These new statutory requirements are in force as of January 1, 1987.

This notice is simply to call attention to the fact that changes have been made. The Internal Revenue Service has not yet published regulations related to these requirements. The Alcohol, Drug Abuse, and Mental Health Administration is not in a position to advise students or institutions about their tax liability.

In any event, changes in the taxibility of stipends in no way alters the relationship between NRSA fellows, trainees and institutions. NRSA stipends are not now, and never have been, salaries. Individuals supported under the NRSA are not in an employer-employee relationship with the institution in which they are pursuing research training. (See NIH Guide to Grants and Contracts Vol. 13, No. 1, January 6, 1984.)

NIH REGIONAL WORKSHOP - PHS POLICY ON THE HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 0201011, 1014003, 1014002

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the revised Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: April 29, 1987

Location: Ann Arbor, Michigan

Contact:

Ms. Joan Eadie
Department of Conferences
University of Michigan Extension Service
200 Hill Street
Ann Arbor, Michigan 48104-3297
Telephone: (313) 764-5304

Date: May 21, 1987

Location: Tucson, Arizona

Contact:

Mr. Denis Cole
Division of Animal Resources
Arizona Health Sciences Center
Tucson, Arizona 85724
Telephone: (602) 626-6702

For further information, contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office for Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

MOLECULAR PROBES IN UNIQUE SUBSETS OF COLORECTAL CANCER PATIENTS

RFA 87-CA-21

National Cancer Institute

Application Receipt Date: July 15, 1987

The Division of Cancer Prevention and Control, through the Organ Systems Program, invites research grant applications to develop and assess probes useful in classifying subpopulations of colorectal cancer patients. Organizations capable of developing collaborative research proposals involving basic laboratory groups and clinical groups with access to unique subpopulations of colorectal cancer patients are encouraged to apply.

BACKGROUND

A major problem with conventional pathological-morphologic classification criteria for colorectal cancer is that the category of "moderately well- to well-differentiated" tumors is too broad. Insufficient prognostic information is derived from this broad designation. On the other hand, the classification of "undifferentiated" tumors and predominantly "poorly differentiated" tumors of the colon and rectum in humans predicts a uniformly bad clinical outcome. Patients with these tumors do predictably worse and have a shorter life span than those with "moderately well- to well-differentiated" tumors. There is something unusual about these tumors that should allow a more circumscribed investigation. Although these are rare tumors, specific alterations found may provide insight into the very broad class represented by "moderately well- to well-differentiated" colon and rectum cancers.

The integration of newly available scientific technology with pathologically well-defined subgroups of colorectal cancer patients with predictable clinical outcomes, should help advance research progress in expanding the present morphologic criteria which have limited prognostic information and in resolving biological questions and relationships in patients with poor prognoses.

OBJECTIVES AND SCOPE

A major aim of this RFA is to facilitate the formation of new collaborations between laboratories developing molecular probes, and clinical groups with access to unique subpopulations of colorectal cancer patients. Specific objectives are: 1) to identify and characterize phenotypic markers and molecular probes associated with subsets of colorectal cancer patients whose poor prognosis is predictable by conventional morphologic analyses of primary tumor biopsy; and 2) to determine structure-function relationships in these pathologic subsets with predictable clinical outcome, by studying pertinent biologic questions. The overall goal is to obtain leads that could be applied to the general population of colorectal cancer patients in whom morphologic analysis of tumor is not predictive of the clinical course.

It is hypothesized that these unique clinical sub-classes of colonic carcinoma will demonstrate a type of growth regulation that is different from the larger group of "well"- and "moderately well-differentiated" tumors. Responses to this RFA should address interesting biologic areas such as: structure-function relationships in patients with poor prognosis; the molecular biology of differentiation in colorectal cancer; and an expansion of prognostic criteria which would include more significant groups of colorectal cancer patients in whom the present "moderately well- to well-differentiated" histologic criteria has little biologic and no prognostic meaning.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to both non-profit and for-profit organizations. Applicants will plan and execute their own programs. The duration of the proposed projects may be up to three years. Applications will be reviewed as a single competition by an initial review group convened by the Division of Extramural Activities, NCI. It is anticipated that approximately four to five awards for project periods of three years will be made at a total cost of $875,000 for the initial year's funding.

INQUIRIES

Requests for copies of the complete RFA describing the research goals and scope, the review criteria and the method of applying should be addressed to:

Vincent J. Cairoli, Ph.D.
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building - Room 725
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

NEUROLOGICAL ASPECTS OF LOW BACK PAIN

P.T. 34; K.W. 0715150, 0745020, 0755030, 0710020, 0710085, 0785115, 0404000

National Institute of Neurological and Communicative
Disorders and Stroke

The Stroke and Trauma Program (STP) of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of research project grant and program project grant applications related to neurological mechanisms associated with the etiology, diagnosis, and treatment of low back pain.

BACKGROUND

Back pain is the second most common condition for which patients seek medical help; up to 80 percent of the population are affected at some time in their lives. Because of the magnitude of the problem, the Committee on Appropriations of the Senate requested, in Senate Report Number 98-544 (1984), that the NINCDS prepare and submit a report on back pain. The authors of the report concluded that since the cause of most back pain is unknown, the efficacious treatment of low back pain will depend on studies of the neurological and neuromuscular basis of low back pain. This conclusion carried with it the recognition that such studies will require complex methodology and state-of-the-art techniques in biomechanics, biophysics, neurosurgery, neurology, neurophysiology, neuroanatomy, neuropatholcgy, neuropharmacology, neuroimmunology, and behavior.

RESEARCH GOALS AND SCOPE

Whereas the ultimate goal of these studies is the effective diagnosis and successful treatment of low back pain, the NINCDS recognizes that studies necessary to achieve this goal will encompass a wide spectrum of research areas, from basic research on the neural pathways and mechanisms responsible for the experience of pain to clinical trials of promising forms of treatment. For example, disease of the back may alter normal reflexes and result in the activation of pain receptors. Therefore, additional information is needed on the anatomy, physiology, and biochemistry of the neural systems that affect the back, so that scientists may develop testable hypotheses about the causes of back pain. Areas of research may include, but not be limited to, the following topics:

- nociceptive neural pathways in the spinal cord and brain and the mechanisms responsible for the experience of back pain,
- relation of neural pathways to biomechanical stresses involved in back pain,
- effect of single or repeated trauma to the back on the development of back pain and the associated neurological impairments,
- endorphin pathways of the central nervous system and their relation to low back pain,
- neural reflex mechanisms that normally control the back and conditions under which they may activate pain receptors,
- neurological testing to quantify the associated pain and disability of low back pain more accurately,
- effectiveness of existing electrodiagnostic tests such as the use of evoked potentials in the detection and localization of neurological and neuromuscular abnormalities that cause back pain,
- computerized tomographic techniques and magnetic resonance imaging techniques in the diagnosis of neurological abnormalities associated with or that cause back pain, and
- randomized, double-blind studies of the efficacy of treatment modalities used for the management of the neurological aspects of low back pain.

Applicants are encouraged to develop and use new and refined methods, instruments, and therapeutic procedures that will permit more detailed determination of features involved in the neurological aspects of low back pain. Such an approach should include the development and use of pertinent in vivo and in vitro models that may serve to demonstrate factors involved in the etiology and development of therapy for the treatment of low back pain.

Investigators should submit well-focused applications that address one or more compelling questions related to the neurological and neuromuscular aspects of low back pain. Where sufficient baseline data are available, an approach should be entertained that will help test hypotheses that are pivotal to future studies along specific avenues of research. Methodological as well as experimental controls should be described, especially when non-standard or controversial techniques are proposed. Other important elements may include the sequence and timing of proposed studies, potential difficulties and their resolution, quantification and management of data where appropriate, and adequate justification of all budgetary requests.

MECHANISM OF SUPPORT

The support mechanism for grants in this area will be the traditional investigator-initiated research project grant (R01) and the program project grant (P01). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research. Applicants for program project grants should contact the NINCDS representative listed below as early as possible in the planning stages for advice and guidance.

APPLICATION AND REVIEW PROCEDURES

Application must be prepared on form PHS 398 according to the applicable instructions included in the application kit. These kits are available from the business offices of most institutions eligible to receive Federal grants or from the Division of Research Grants, NIH. Applicants for program project grants should request, from the address below, a copy of the NINCDS GUIDELINES FOR THE PREPARATION OF A PROGRAM PROJECT GRANT APPLICATION.

Receipt dates for new research project grant (R01) applications and for program project grant (P01) applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "Neurological Aspects of Low Back Pain."

Use the mailing label provided in the application kit to mail the signed original and six exact copies of it to the Division of Research Grants (DRG).

If the application is for a program project grant, please send the original and four copies to DRG. Send two copies to the address listed below, to which questions for additional information may also be addressed.

Dr. Christine E. Phillips
Health Scientist Administrator
Stroke and Trauma Program, NINCDS
Federal Building, Room 8A-13
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Research project grant (R01) applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Program project grant (P01) applications will be reviewed by an appropriate review group in the NINCDS. Secondary review will be by the National Advisory Neurological and Communicative Disorders and Stroke Council. Applications judged to be within the purview of other Institutes of the NIH will be assigned accordingly, and, for the program project grant application, reviewed according to that Institute's prevailing practice.

This program is described in the Catalogue of Federal Domestic Assistance, Number 13.853 and 13.854, Stroke, Nervous System Trauma. Grants will be awarded under the authority of the Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systemss Agency review.

BIOLOGICAL MARKERS OF ALCOHOL CONSUMPTION

P.T. 34; K.W. 0404003, 0755010, 0710030

National Institute on Alcohol Abuse and Alcoholism

BACKGROUND INFORMATION

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) invites grant applications for the support of research that will lead to the development and application of biological markers for the objective assessment of long-term drinking. Biological markers which serve as objective measures of alcohol consumption are extremely important for both the clinical care of patients and the conduct of research in situations that require a valid drinking history. In a treatment setting, such markers could provide treatment professionals with an objective and reliable tool for monitoring patient compliance with treatment goals. Objective markers of alcohol consumption could also help in the diagnosis and treatment of conditions other than alcoholism where alcohol consumption is suspected. Biological markers also could be used to validate instruments which use self and/or collateral reports as a measure of drinking behavior. To date, a simple, objective and reliable marker of alcohol consumption is not available.

RESEARCH GOALS AND SCOPE

Grant applications are solicited for projects that will lead to the development of new biological markers for assessing drinking history over a period of days or weeks. As distinct from a solely qualitative indicator of alcohol consumption, the most desirable measures would provide a quantitative estimate of alcohol use during the time interval. The most important criteria for the markers are high specificity (very few false positives) and high sensitivity (very few false negatives). Ideally such markers should be relatively simple to use and sufficiently cost effective for routine applications. The influence of such factors as age and gender should be addressed in the validation of the marker. Biological markers should be valid regardless of organ toxicity or disease state. Studies can be conducted on humans or experimental animals as appropriate.

MECHANISM OF SUPPORT

The support mechanism for this program will be the individual research project grant. Under this mechanism the applicant will plan, direct, and carry out the research program. The project period during which the research will be conducted should adequately reflect the time required to accomplish the stated goals and be consistent with the policy for grant support. Support will be provided for up to five years (renewable for subsequent periods) subject to the availability of funds and progress achieved.

Research grant applications may be submitted by nonprofit and profit-making organizations and institutions, State or local governments and their agencies, and eligible agencies of the Federal government.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this solicitation will be reviewed for scientific and technical merit by an appropriate peer review group. They will be judged on the overall scientific merit of the proposed research, potential significance of the research findings, adequacy of methodology, availability of necessary facilities, and the qualifications of the research team. A secondary review for policy and program relevance will be made by the National Advisory Council on Alcohol Abuse and Alcoholism.

Applications will be accepted in accordance with the receipt dates for new applications:

June 1 October 1 February 1

METHOD OF APPLYING

Potential applicants may obtain a copy of the program announcement by contacting:

National Clearinghouse for Alcohol Information
Reference Department
Box 2345
Rockville, Maryland 20852
Telephone: (301) 468-2600

Applications must be submitted on form PHS 398 (revised 5/82), which is available in the business or grants and contracts office at most academic and research institutions or from the National Clearinghouse for Alcohol Information. State and local government agencies should use form PHS 5161-1 (revised 6/86).

The signed original and six copies (two copies if using form PHS 5161-1) of the application should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892

STAFF CONTACT

More detailed information about this announcement and application procedures may be obtained from:

Helen M. Chao, Ph.D.
Chief, Biomedical Research Branch
National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane, Room 14C-17
Rockville, Maryland 20857
Telephone: (301) 443-4223

Alcohol research grants are described in the Catalog of Federal Domestic Assistance No. 13.273. Grant awards are made under the authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241 and 290bb). This program is not subject to the intergovernmental review requirements of Executive Order 12372 as implemented through HHS regulations at 45 CFR Part 100.

ADDENDUM

RESEARCH INTO METHODS OF RESEARCH THAT DO NOT USE VERTEBRATE ANIMALS, USE FEWER VERTEBRATE ANIMALS, OR PRODUCE LESS PAIN AND DISTRESS IN VERTEBRATE ANIMALS USED IN RESEARCH

P.T. 34; K.W. 0755020, 0710030, 1002027, 0780015, 0780020

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was inadvertently omitted from the program announcement when it was originally published in the NIH Guide for Grants and Contracts on January 23, 1987, Volume 16, No. 3, Pages 7-9. Applicants who are interested in applying for support from ADAMHA under the subject program announcement should contact:

Mr. Wright Williamson
Division of Extramural Activities
National Institute of Mental Health
Parklawn Building, Room 9-95
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4673

Dr. Helen Chao
Chief, Biomedical Research Branch
Division of Extramural Research
National Institute on Alcohol Abuse and Alcoholism
Parklawn Building, Room 14C-17
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4223

Dr. Roger Brown
Chief, Neuroscience Research Branch
Division of Preclinical Research
Natinal Institute on Drug Abuse
Parklawn Building, Room 10A-31
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6975

ERRATA

The following two announcements appeared in the March 13, 1987 issue, Vol. 16, No. 10. Since some of the text was inadvertently deleted they are reprinted here in their entirety.

EARLY DIAGNOSIS AND QUANTITATIVE ASSESSMENT OF PROSTATE ADENOCARCINOMA BY ULTRASONOGRAPHY

RFA 87-CA-20

P.T. 34; K.W. 0715035, 0745020, 0735015, 0607024

National Cancer Institute

Application Receipt Date: June 15, 1987

The Division of Cancer Prevention and Control of the National Cancer Institute (NCI) through the Organ Systems Program, invites research grant applications from organizations capable and interested in participating in a network of collaborating institutions charged with carrying out studies on the early diagnosis and quantitative assessment of prostate adenocarcinoma.

OBJECTIVES AND SCOPE

This Request for Applications (RFA) will be utilized to initiate studies that will be implemented through a collaboration among the successful applicant organizations. The NCI proposes to encourage up to five existing prostate research laboratories or clinics with ultrasonography capabilities to assemble the expertise and patients needed to study early diagnosis of prostate cancer. The main goal is to determine the capability of ultrasonography used alone or in combination with biological markers to diagnose early prostate cancer, to measure the volume of cancer tissue and determine its potential invasiveness, and to measure the impact of these procedures on survival by following patients over time.

BACKGROUND

Studies have indicated that when diagnosed early, and prior to capsular invasion, the cure rate for prostate cancer is potentially improved. In addition, it has been reported that tumor volume is associated with capacity to metastasize. At present, there is general consensus that among imaging modalities currently available, ultrasonography offers the greatest potential for early diagnosis and volume assessment of prostate carcinoma. The addition of known biological markers may enhance the capability of ultrasonography in this regard.

Organizations with established prostate research laboratories or clinics with existing ultrasonography capabilities are encouraged to take the leadership in response to this RFA. It is the intent of this RFA to initiate network studies among organizations for the purpose of evaluating ultrasonography in diagnosing early prostate cancer using uniform and standardized approaches and techniques. At the time of submission, a core of qualified investigators, technical expertise, patient populations, and facilities should exist in the applicant organization and any proposed affiliates.

APPLICATION SUBMISSION AND REVIEW

A potential applicant is encouraged, but is not required, to submit a letter of intent, and is encouraged to consult with NCI staff before submitting. Letters of intent are requested by April 17, 1987. The letter of intent will not enter into the review of an application submitted in response to this RFA.

Applications responsive to this RFA will be reviewed for scientific merit by an appropriate review group composed primarily of non-Federal experts and convened by the Division of Extramural Activities, National Cancer Institute. Reviewers will consider each application in terms of its projected research plans and proposed plans for implementing network activities. This RFA solicitation is for a single competition and has one specific deadline, June 22, 1987, for receipt of applications.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to domestic non-profit and profit organizations. An applicant organization may apply for a period of support of up to three years. It is anticipated that up to five awards will be made at an annual total cost of approximately $600,000. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. PHS grant policies governing regular research project grants apply to applications received in response to this request.

INQUIRIES

For further information and a copy of the complete RFA, please contact:

Andrew Chiarodo, Ph.D.
Organ Systems Section
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 717
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

SMALL GRANT PROGRAM FOR PILOT PROJECTS

P.T. 34; K.W. 0710030, 1002046

National Eye Institute

The National Eye Institute (NEI) announces the revision of its guidelines for small grant awards, beginning with applications submitted after the February 1, 1987 receipt date. The principal new features of the revised program guidelines include the following:

"Target populations" of investigators for the program now include ONLY the following categories of persons:

1 Clinicians with limited research experience

2 Investigators (clinicians or nonclinicians) coming into vision research for the first time from another area 3 Investigators at minority institutions

4 Investigators located in largely non-research environments

5 Recently trained basic scientists, who have received the Ph.D. or other non-clinical doctorate within the last 5 years.

The first two categories of investigators will be in especially favorable positions for funding of approved applications.

The maximum amount of an award will be $25,000 (direct costs) for a one-year period.

There will be two receipt dates for applications, which will be accepted for review ONLY for February 1 and October 1 deadlines each year.

TERMS OF THE AWARD

The award will provide a maximum of $25,000 (direct costs) for technical assistance, supplies, small equipment, and travel required by the project. The NEI expects to make approximately 15 awards for each review cycle (i.e., 30 awards per year).

The award may not be used to supplement support for an ongoing project.

APPLICATION AND REVIEW PROCEDURES

Applications shall be submitted on form PHS 398, available at most institutional business offices or from the Division of Research Grants, NIH. Because the format for preparing this application is different from that used for regular research grants, additional information and instructions should be obtained from Dr. Henley at the address listed below. APPLICATIONS MUST ADHERE TO THIS FORMAT TO BE RESPONSIVE. Review will be scheduled as follows:

Receipt Date Annually	Institute Committee Review	Council Review	Earliest Date for Funding
October 1	November	Jan.-Feb.	February
February 1	March	May-June	June

Approved applications will either be funded or withdrawn immediately after review by the National Advisory Eye Council.

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REVIEW CRITERIA

Applications will be evaluated with respect to the following criteria: The significance and scientific merit of the proposed project; its characterization as an innovative and/or high-risk and/or pilot project which provides a basis for more extended research; the methodology including choice of experimental material; the investigator's background and training for carrying out the project; adequacy of the available and requested facilities; and the adequacy of justifications presented for budget requests.

FUNDING CRITERIA

The program is intended to support eligible applicant-investigators as in the categories 1 through 5, above. However, the National Advisory Eye Council has recommended that the emphasis should not be on applications from foreign institutions. Such applications would generally be in a less favorable position to be selected for funding, as would applications from investigators described in category 5, (Recently trained basic scientists).

REPORTING REQUIREMENTS

If an award is made in response to a Small Grant Application, a Final Progress Report, an Invention Statement and a Financial Status Report must be submitted within ninety days after the TERMINATION of the award. These reporting requirements are the same as those for other types of research grants and are in accord with 45 CFR 74.73 and 74.82. The information contained in the Final Progress Report will be especially helpful to the NEI in evaluating the usefulness of the Small Grant Award mechanism.

STAFF CONTACT

For further information and instructions for completing the grant application (form PHS 398), prospective applicants are strongly urged to contact:

Catherine Henley, Ph.D.
Review and Special Projects Officer
Extramural and Collaborative Programs
National Eye Institute
Building 31, Room 6A06
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5561

Awards will be made under the authority of the Public Health Service Act, Section 301 (Public Law 78-410, as amended; 42 USC241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Executive Order 12372 or Health Systems Agency review.

NRSA FELLOWSHIPS FOR RESEARCH TRAINING IN PRIMARY CARE DISCIPLINES

P.T. 22; K.W. 0730000, 0785035

Public Health Service

Special receipt date: May 1, 1987

There is an error in the above referenced Notice published in the NIH Guide for Grants and Contracts, Vol. 16, No. 6, dated February 13, 1987.

A special receipt date of May 1, 1987, for NRSA Fellowships for Research Training in Primary Care Disciplines was established on a one time only basis to allow review in August for awards to be made in September 1987.

In the future, the customary NIH receipt dates will apply. The application receipt dates have been changed to conform with NIH customary procedure.

Application Receipt Date	Initial Review Meeting	Second Level Review Approximate	Earliest Approximate Start Date
January 10	May	August	September 1
May 10	September	December	January 1
September 10	January	April	May 1

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NIH GUIDE

For Grants and Contracts

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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VOL. 16, NO. 13, APRIL 10, 1987

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AND STROKE

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A CLINICAL TRIAL FOR THE USE OF NOVEL THERAPIES IN BONE MARROW TRANSPLANTATION

RFP-NIH-NIAID-IAIDP-87-29 - CANCELLATION

P.T. 34; K.W. 0745065, 0755015, 0705005, 0710125

National Institute of Allergy and Infectious Diseases

RFP-NIH-NIAID-IAIDP-87-29, entitled A Clinical Trial for the Use of Novel Therapies in Bone Marrow Transplantation, advertised in the February 6, 1987 edition of the Guide (Vol. 16, No. 5), is hereby cancelled. No award will be made.

Rosemary L. McCabe
Contracting Officer
National Institute of Allergy and Infectious Diseases

THE CONTRACEPTIVE BEHAVIOR OF TEENAGE WOMEN AND THEIR PARTNERS

RFP AVAILABLE: NICHD-DBS-87-5

P.T. 34; K.W. 0404000, 0750020, 0414000, 0730010, 0730070

National Institute of Child Health and Human Development

The Demographic and Behavior Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development, has a requirement for the study of the contraceptive behavior of teenage women and their partners. The goal of this contract is to obtain recommendations regarding the theoretical framework, substantive focus, content and strategy of a large-scale data collection effort focusing on the contraceptive behavior of teenage females. Studies of males only will not be considered under this RFP. It is anticipated that one award will be made under this RFP for a period of approximately eighteen months.

The basic objectives of the effort will be to review existing research and theory in the areas of psychology, sociology, economics and public health and to recommend content and strategy for a large-scale data collection effort in the use of contraception by teenage females. The offeror will also be required to recommend specific instruments for this data collection effort and to provide specific cost estimates for such a study.

Performance of the specified project requires researchers with adequate training and expertise in the behavioral-social population sciences. The offeror must have demonstrated ability in two areas: 1) substantive knowledge of research in the area of teenage contraceptive behavior; and 2) survey design and sampling. In addition to being able to propose different sampling plans and survey strategies, the offeror must be able to assess the cost implications of different approaches.

RFP-NICHD-DBS-87-5 will be issued on or about April 20, 1987. Proposals will be due approximately 60 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

SURVEY OF PHYSICIAN PRACTICE BEHAVIORS RELATED TO THE TREATMENT OF PEOPLE WITH DIABETES MELLITUS

RFP AVAILABLE: RFP-NIH-NIDDK-87-10

P.T. 34; K.W. 0715075, 0404021, 0415000, 0730070

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health, is seeking an organization to perform a Survey of Physician Practice Behaviors Related to the Treatment of People With Diabetes Mellitus.

This acquisition is under a 100% SMALL BUSINESS SET-ASIDE.

This Request for Proposals, RFP NIH-NIDDK-87-10, is now available, with a closing date set for May 11, 1987. To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. Since a limited number of copies will be printed, requests shall be filled on a first-come, first-serve basis until the supply is exhausted. Requests for the RFP should be sent to the following address:

Patrick M. Sullivan, Chief
Contracts Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

This advertisement does not commit the Government to award a contract.

HUMAN LIVER CELL CULTURE FACILITY

RFP AVAILABLE: RFP-NIH-NIDDK-87-9

P.T. 34; K.W. 0780015, 0780000

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is seeking an organization to provide a facility where (1) the science of culturing human liver cells would be highly developed and studied and (2) where such cells would be available for use by other investigators either in the culture facility or through shipment of cultures.

This Request for Proposals, RFP NIH-NIDDK-87-9, is now available, with a closing date set for August 3, 1987. To receive a copy of the RFP, please supply this office with two self addressed mailing labels. Since a limited number of copies will be printed, requests shall be filled on a first come, first serve basis until the supply is exhausted. Requests for the RFP should be sent to the following address:

Patrick M. Sullivan, Chief
Contracts Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

This advertisement does not commit the Government to award a contract.

EVALUATION OF ORTHODONTIC TREATMENT STRATEGIES

RFA AVAILABLE: 87-DE-1

P.T. 34; K.W. 0785040, 0415000, 0795005

National Institute of Dental Research

Application Receipt Date: December 1, 1987

The Craniofacial Anomalies, Pain Control and Behavioral Research Branch of the National Institute of Dental Research (NIDR) seeks research grant applications to evaluate commonly used clinical strategies for treating orthodontic problems in children and adults. This request is for a single competition with a receipt date of December 1, 1987; this RFA may be reissued at a later date.

BACKGROUND

Although considerable research has been carried out on treatment of major congenital craniofacial malformations such as facial clefts of various types, there has been little or no clinical research on patients undergoing treatment to correct less severe but nevertheless important problems requiring orthodontic treatment. The potential impact of these problems is seen clearly in the recent estimates that nearly fifty percent of children in the United States would benefit from orthodontic treatment, and that about five percent of United States children have sufficiently severe orthodontic problems that they are handicapped in their life adjustment. An increasing number of adults are also receiving treatment both for the correction of physically handicapping malocclusions and also as an aid to psychosocial adjustment. In some orthodontic practices, between thirty and sixty percent of patients in treatment are adults. For several types of orthodontic problems, alternative treatment approaches are possible and are advocated by clinicians. No clinical trials have been conducted to evaluate clearly these alternative approaches and, despite the strongly held opinions of some clinicians, data do not exist to differentiate clearly between the alternative approaches with respect to their efficacy. The objective of this RFA is to solicit applications to evaluate the outcomes and efficacy of different orthodontic treatments.

RESEARCH GOALS

Ideally, evaluation of a particular orthodontic treatment would be carried out on a prospective basis, and one of the aims of this announcement is to encourage the development of prospective research designs in this area. However, because of the long time span of prospective research projects and the considerable expense associated with such research designs, retrospective analyses of the treatments will be considered for support. Outcomes of orthodontic treatment can be evaluated in two ways: (1) from the morphologic changes produced by the treatment, comparing its results to the ideal arrangement of the teeth and to ideal facial proportions; in this sense, the outcome is scored in terms of the morphologic improvement produced by the treatment; and (2) in terms of the patient's perception of and satisfaction with the treatment result. Both types of outcome data may be considered in projects submitted in response to this RFA. Efficacy of treatment relates to how well the treatment procedure produces the desired result, and to the cost and time involved. More efficacious treatments should show a reduced incidence of complications, greater longterm stability of results and a greater predictability of favorable results.

Studies could involve either of two strategies: (1) studies of large groups of patients with relatively common problems or (2) the detailed study of smaller groups of patients with more severe orthodontic problems. Examples of topics for study include, in the first area: (i) comparisons of growth modification treatments in younger patients with mixed dentition and in older patients with permanent dentition; these treatments should be aimed at specific malocclusions such as mild to moderate skeleto-dental discrepancies in the vertical, transverse and/or sagittal planes; (ii) comparisons of early treatment involving extraction in the mixed dentition for Class I crowding problems versus treatment involving extractions after all permanent teeth have erupted; (iii) comparisons of extraction versus nonextraction treatment protocols, for specific types of problems, such as crowding or dentoalveolar protrusion; and (iv) comparisons of the effectiveness of different treatment strategies in adults. Examples in the second area include: (i) comparisons of early versus late treatment of skeletal open bite; and (ii) comparisons of orthodontic versus orthognathic surgical treatment of severe malocclusions.

Evaluations such as these require precise characterization of the pretreatment condition, rigorous implementation or analysis of the treatment plan, and precise measurement of the outcomes. The application should establish that a suitable, defined, study population is available or that data from such a treated population are accessible. Study designs must be statistically sound and ethically acceptable. Because sample sizes for some conditions may be limited at any single institution, applications involving several institutions will be acceptable. In prospective studies, measures to ensure retention of subjects to follow-up should be carefully delineated. Projects should be designed so that some specific aims can be met during the initial period of support (3-5 years).

MECHANISM OF SUPPORT

Support for this program will be through research project grants (R01). It is anticipated that up to four awards will be made, if a sufficient number of high quality applications is received. Although funds have been allocated for this program in NIDR's plans for fiscal years 1988 through 1992, award of grants resulting from this RFA is contingent upon receipt of appropriated funds for this purpose. Applicants may request up to five years of support. Subsequent support will be contingent upon progam needs and grantees' performance as determined by peer review. Policies that govern research grant programs of the National Institutes of Health will prevail.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this RFA will be reviewed by a Special Review Committee convened by the NIDR's Scientific Review Branch. Secondary review will be by the National Advisory Dental Research Council in May 1988. Review criteria include the significance and originality of the research goals and approaches; feasibility of the research and the adequacy of the study design; availability and appropriateness of the study populations or clinical data; training, experience and research competence of the investigator(s); adequacy of facilities; provisions for protection of human subjects; and the appropriateness of the requested budget for the work proposed.

Funding decisions will be based on the initial review group's and the National Advisory Dental Research Council's recommendations concerning scientific merit and program relevance, and the availability of appropriated funds. The earliest funding date is July 1, 1988.

Applications should be submitted on form PHS-398, available in the business or grants office of most academic or research institutions or from the Division of Research Grants, National Institutes of Health. Applications received after December 1, 1987 and those which are deemed nonresponsive to the RFA will be assigned to a Division of Research Grants Study Section for initial review and will be considered with other nonsolicited grant applications received during that review cycle. The phrase "Response to NIDR RFA: 87-DE-1, Evaluation of Orthodontic Treatment Strategies" should be typed on line 2 of the face page of the application. The original and four copies should be sent or delivered to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892-4500

Two copies should be sent to:

John D. Townsley, Ph.D.
Chief, Craniofacial Anomalies,
Pain Control and Behavioral Research Branch
National Insitute of Dental research
Westwood Building, Room 506
Bethesda, Maryland 20892-4500
Telephone: (301) 496-7807

Inquiries concerning this RFA may be addressed to Dr. Townsley.

This program is described in the Catalog of Federal Assistance No. 13.122. Awards will be made under authorization of the Public Health Service Act, Title III. Section 301 (Public Law 78-410, as amended), and administered under PHS grants policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

THE NCI OUTSTANDING INVESTIGATOR GRANT

P.T. 34; K.W. 0715035, 0710030

National Cancer Institute

Application Receipt Date: June 15

SUMMARY AND PURPOSE

The National Cancer Institute (NCI) will continue to accept applications for the Outstanding Investigator Grant (OIG), the purpose of which is to provide long-term support to experienced investigators with outstanding records of research productivity. The OIG is intended to encourage investigators to embark on projects of unusual potential in cancer research. Emphasis will be placed on evidence of recent substantive contributions (i.e., seminal ideas and innovative approaches to resistant problems) and the potential for continued work of high caliber.

ELIGIBILITY

Applications may be submitted only by domestic institutions on behalf of investigators who have recently demonstrated outstanding research productivity for at least five years. There are no age restrictions. Only United States citizens, nationals or permanent residents may be presented as candidates for this grant.

Applications will be accepted by the NCI only when they are cancer-related as defined by the Division of Research Grants (DRG) grant referral guidelines. Thus, investigators whose current research support is derived predominantly from sources other than the NCI may not be eligible and are encouraged to discuss their research objectives with appropriate NCI officials before applying.

The institution sponsoring the OIG application is required to commit itself to providing 25% of the investigator's salary support.

Applications which do not meet all of the above eligibility criteria or which have not had approval from the NCI as exceptions to the above criteria will be returned to the applicant.

HOW TO APPLY

- The date of receipt of all OIG applications will be June 15 of each year. They will be processed for review at the earliest possible meeting of the NCAB.

- Application for this award should be made on form PHS 398 in accordance with instructions in this Announcement. These applications are available in the business or contracts offices at most academic or research institutions, or from:

Division of Research Grants
National Institutes of Health
5333 Westbard Avenue
Bethesda, Maryland 20892

- The title "NCI OUTSTANDING INVESTIGATOR GRANT" should be typed in section 2 on the first page of the application.

- A letter indicating clear and continuing institutional commitment to the applicant must either accompany the application or be received separately before the NCI will begin the initial review process.

INQUIRIES

All potential applicants for this award are advised that the full text of this Program Announcement, containing currently applicable guidelines, is now available and should be requested prior to submitting an application for the June 15, 1987 receipt date.

Please direct inquiries for further information, and for copies of the full announcement, to:

Mrs. Barbara S. Bynum
Director
Division of Extramural Activities
National Cancer Institute
Building 31 - Room 10A03
Bethesda, Maryland 20892
Telephone: (301) 496-5147

MINORITY INSTITUTIONAL RESEARCH TRAINING PROGRAM

P.T. 14, 34, FF; K.W. 0715040, 0715165

National Heart, Lung, and Blood Institute

Application Receipt Date: August 24, 1987

The National Heart, Lung and Blood Institute (NHLBI) announces a program to support full time research training for investigative careers at minority schools in areas related to cardiovascular, pulmonary or hematologic diseases. Minority schools seeking this support must have: (1) graduate students, or; (2) health professional students who will take a minimum of one year from his/her professional training, or; (3) postdoctoral students. The support mechanism will be the NIH institutional research training grant. Copies of the program guidelines are currently available from staff of the NHLBI, listed below.

Grants in this program will be made to minority institutions, each of which will cooperate with a research center that has a well-established cardiovascular, pulmonary, or hematologic research and research training programs. Each trainee will be placed with a mentor who is an accomplished investigator at the cooperating research center and who will assist the advisor at the minority institution in the trainee's development and research plan.

Guidelines for this program may be obtained from any of the following:

George A. Hayden, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 3C04
Bethesda, Maryland 20892
Telephone: (301) 496-1724

Diane Aiken
Division of Lung Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 640A
Bethesda, Maryland 20892
Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance numbers 13.837, 13.838, and 13.839. Award will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations at 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

Christine Parker, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 5C04
Bethesda, Maryland 20892
Telephone: (301) 496-4186

MINORITY SCHOOL FACULTY DEVELOPMENT AWARD

P.T. 14, 34, FF; K.W. 0715040, 0715165

National Heart, Lung, and Blood Institute

Application Receipt Date: August 24, 1987

The National Heart, Lung, and Blood Institute (NHLBI) announces a program to encourage the development of faculty investigators at minority schools in areas relevant to cardiovascular, pulmonary, and hematologic diseases and resources. Copies of the program guidelines are currently available from the staff of the NHLBI, listed below.

Grants in this program will be made to minority institutions on behalf of awardees, each of which will work with a mentor at a nearby (within 100 miles) research center, who is recognized as an accomplished investigator in the research area proposed, and who will provide guidance for the awardee's development and research plan.

Guidelines for this program may be obtained from one of the following:

George A. Hayden, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 3C04
Bethesda, Maryland 20892
Telephone: (301) 496-1724

Diane Aiken
Division of Lung Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 640A
Bethesda, Maryland 20892
Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance Nos.13.837, 13.838, and 13.839. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 grant policies and Federal Regulation 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

Christine Parker, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 5C04
Bethesda, Maryland 20892
Telephone (301) 496-4186

THE DIAGNOSIS OF ALZHEIMER DISEASE

P.T. 34; K.W. 0715180, 0745020, 0710085, 0706030, 0785055

National Institute on Aging
National Institute of Mental Health
National Institute of Neurological and Communicative
Disorders and Stroke

BACKGROUND

Alzheimer disease (AD) is a progressive degenerative disorder of insidious onset, characterized by memory loss, confusion, and a variety of cognitive disabilities. It may occur as early as the age of 40 years, but is most commonly seen after the age of 60 years. Its prevalence seems to be increasing as the average life expectancy increases. In its early stages in elderly persons, the diagnosis is difficult. In its later states, AD is sometimes mistaken for other kinds of dementias and mental diseases. Incorrect diagnosis is thought to be common, perhaps ranging from 10 percent to 30 percent in the general medical population (National Institute on Aging Task Force, 1980).

Early and accurate diagnosis of Alzheimer disease has a major impact on the progress of research on dementia. To address the problems involved in AD in its earliest stages, the National Institute on Aging, the American Association of Retired Persons, the National Institute of Neurological and Communicative Disorders and Stroke, and the National Institute of Mental Health jointly sponsored a workshop for planning research. The purpose of the meeting was to identify the most important scientific research opportunities and the crucial clinical and technical issues that influence the progress of research on the diagnosis of AD. The recommendation of the participants was published as a conference report in the Archives of Neurology. See "Diagnosis of Alzheimer's Disease," Z. S. Khachaturian, Arch. Neurol. 1985, 42:1097-1103.

RESEARCH GOALS AND SCOPE

The purpose of this announcement is to stimulate further research focusing on the specific scientific issues identified in the above-referenced conference. Progress in understanding and diagnosing AD will most likely come about through amassing, evaluating, and comparing data and material from many sources. All data collected, both retrospective and prospective, will be maximally useful only so long as they are carefuly screened for accuracy of diagnosis, relevance, and reliability and are comparable across studies.

The following are some of the topics that are of particular programmatic interest to the three institutes. These are merely an illustration of topics. Applicants should not be limited to them.

- Diagnostic Screening: There is an immediate need for improved diagnosis and diagnostic screening for AD. However, the diagnosis of and screening for AD will continue to be difficult and sometimes inaccurate until we achieve a better understanding of the normal aging process. There exist no consistent, established values for what constitutes cognitive impairment and memory loss with advancing years; nor are the neurologic changes, the neurochemical changes, the neurophysiological changes, or the gross and fine anatomical changes that accompany normal aging well enough understood to provide a firm base for determining abnormal changes. The major difficulty in diagnosing AD involves the definition of the disease itself and its varied and, at times, subtle manifestations; AD remains a combined clinicopathologic diagnosis. The relationship between neuropsychological, neuroradiological, and neuropathologic indexes of the disease is not well understood. A continuing effort to define the disease precisely and to develop methods of definitely distinguishing AD from other nervous system diseases must remain the substrate of all research in the field.

o Neuropsychological Diagnosis and Other Behavioral Measures: There is a need for the development of neuropsychologic and behavioral tests and markers for AD. Practical screening for AD in the elderly population requires reliable neuropsychological markers. Measures of very subtle changes in behavior that are the first signs of aberration to be noticed by family members are needed.

  Neuropsychological testing involving abilities other than cognitive ones may also be useful and important. Tests of first-order capabilities such as visual perception, reaction time, or motor ability might be closer to measuring substrate levels of central nervous system integrity or disability without the complication of trying to measure abstract-conceptual-cognitive behavior.

o Biological and Chemical Markers: Sensitive and specific biological and chemical markers to identify those at high risk of AD and those in the very early stages of AD are required, preferably derived from extraneural sources such as urine, saliva, blood (cells or plasma), CSF, or fibroblast cell cultures. Before any marker is proposed or made available, it is essential to validate it against the neuropathological diagnoses and all other significant disease signs.

  Techniques of molecular genetics provide a promising new approach for understanding AD diagnosis-etiology-therapy, especially in view of the evidence that there is a familial factor present in the disease.

o Neuroimaging: There is a need to understand and to resolve the conflicting data produced by studies using different noninvasive imaging instruments, particularly brain localization of the imaged data, and stereotactic location of prominent landmarks in the brain using methods borrowed from current neurosurgical technology.

o Neuropathological Markers: The relationship of plaques and neurofibrillary tangles to premortem cognitive function and to the pathogenic mechanisms of AD must be clarified. While standards have been established for the neuropathological diagnosis of Alzheimer disease, questions still remain. For instance, if a presumptive diagnosis of dementia resulting from Alzheimer disease is made pre-mortem, the presence of plaques and tangles at autopsy is generally considered confirmatory. However, the frequency of plaques and tangles in representative population samples of persons who were cognitively intact prior to death is unknown.

  Longitudinal epidemiological studies with post-mortem investigation are required. Longitudinal studies collecting detailed information on individuals already suffering from AD and studies involving general populations of elderly persons may provide information on premorbid events and conditions of those who might come down with the disease.

MECHANISMS OF SUPPORT

Applicants may use the Research Project Grant (R01), Research Program Project (P01), First Independent Research Support and Transition Award (R29), Research Career Development Award (K01, K02, K04 and K05), Clinical Investigator Award (K08), Academic Award (K07 and K08), Physician Scientist Award (K11 and K12), and the National Research Services Awards. Prospective applicants are encouraged to communicate with the institute project officer listed at the end of the announcement regarding the appropriate funding mechanism. Experienced senior investigators are particularly encouraged to consider the submission of Research Program Project applications.

APPLICATION AND REVIEW PROCEDURES

Applicants may obtain information and the appropriate application kits from their institution's grants office or by contacting:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

Although a letter of intent is not a prerequisite for applying, prospective applicants are encouraged to consult with the project officer regarding the scientific goals, design and subject population of the proposed study.

On item 2 (Response to a Specific Program Announcement) of the face (first) page of the application, applicants should enter: NIA Program Announcement - Diagnosis of Alzheimer Disease.

Applications should be submitted according to the receipt deadlines for the funding mechanism chosen.

Applications will be received by the NIH Division of Research Grants and responsive applications will be assigned to the appropriate Institute. Multiple assignments are possible. It should be recognized that other NIH components, such as the National Institute of Neurological and Communicative Disorders and Stroke, and the National Institute of Mental Health, the Alcohol, Drug Abuse and Mental Health Administration, also have responsibility for supporting AD related research. Applications will be assigned to the appropriate group for review and will be reviewed in accordance with the usual NIH peer review procedures. The review criteria are the traditional considerations underlying scientific merit. Following study section review, the applications will be evaluated by the National Advisory Council. Awards will be made on a competitive basis with all applications competing for NIA funding.

INQUIRIES

All questions and corresponsences should be directed to:

Teresa Sluss Radebaugh, Sc.D.
Neuroscience and Neuropsychology
Aging Program
National Institute on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-9350

Nancy Miller, Ph.D.
Mental Disorders of the Aging
Research Branch
National Institute of Mental Health
Parklawn Building, Room 11C03
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 496-1185

Eugene J. Oliver, Ph.D.
Demyelinating, Atropic and
Dementing Disorders Program
National Institute of Neurological
and Communicative Disorders
and Stroke
Federal Building, Room 710
Bethesda, Maryland 20892
Telephone: (301) 496-1431

ESTABLISHMENT OF SURVEILLANCE SYSTEM OF WOMEN UNDERGOING TREATMENT FOR INFERTILITY WITH IN VITRO FERTILIZATION - SOURCES SOUGHT

P.T. 34, II; K.W. 0413002, 0411005, 1004008, 0785055

National Institute of Child Health and Human Development

The Contraceptive Evaluation Branch, Center for Population Research, National Institute of Child Health and Human Development, National Institutes of Health, is seeking small business organizations capable of establishing a surveillance system of women undergoing treatment for infertility with in vitro fertilization (IVF) in the United States in order to monitor the medical and lifetime fertility sequelae of the procedure. The objectives of this project are two-fold: (1) to mount a centrally coordinated, collaborative effort which will result in a national registry of these patients; and (2) to implement the system established above in order to investigate the extent to which the procedure may produce a wide spectrum of adverse health effects.

The first phase of the project will incorporate identification and selection of the participating clinics, development of the data collection instruments, development of patient follow-up strategies and pilot testing of all mechanisms of the system. The implementation phase will include estimation of risk of various endocrinologic conditions, menstrual disorders, reproductive abnormalities, and psychological sequelae, in addition to generating and exploring new medical hypotheses.

It is anticipated that this will be a five-year project and will require the following personnel: a physician at the coordinating center to serve as principal investigator, a systems analyst, a project manager and clerical support. The participating clinical sites will require project managers (nurse/epidemiologists) and the part-time participation (advisory) of the physician(s) performing the procedure.

Organizations responding to this announcement should have demonstrated competency in managing multicenter collaborative research projects and should submit documentation that indicates their capability of meeting the following requirements: (1) familiarity with the technical aspects of in vitro fertilization procedures and ability to identify clinics with this technology available; (2) experience in reproductive epidemiology; (3) ability to train and supervise appropriate personnel at the clinical sites; and (4) database management skills including quality assurance.

This announcement is not a request for proposals (RFP) and responses should not include pricing or budgetary information. Small business organizations that believe they can meet the requirements of this project should submit five copies of their capability statements to the following address, citing Synopsis No. NICHD-87-03, no later than May 4, 1987.
4, 1987.

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

ONGOING PROGRAM ANNOUNCEMENTS

PERSONS WITH MENTAL RETARDATION AND MENTAL ILLNESS

P.T. 34; K.W. 0715095, 0715130, 0785055, 0755030, 0404000

National Institute of Mental Health
National Institute of Child Health and Human Development

The National Institute of Mental Health and the National Institute of Child Health and Human Development announce the availability of support for research on Persons With Mental Retardation and Mental Illness. This research is to elucidate the epidemiology, etiology, treatment and prevention of mental disorder, and behavioral and emotional problems in persons of any age with mental retardation. Applicants may request a maximum of 5 years of support. Applications in response to this announcement will be accepted in accordance with the usual Public Health Service receipt dates for new applications. Further information is available from one of the following:

Eleanor D. Dibble, D.S.W.
Parklawn Building, Room 10-104
Child and Adolescent Disorders Research Branch
Division of Clinical Research
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-5944

James F. Kavanagh, Ph.D.
Acting Chief, Mental Retardation and Developmental
Disabilities Branch
National Institute of Child Health
and Human Development
Landow Builing, Room 7C09
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301 496-1383

CLINICAL AND EPIDEMIOLOGIC RESEARCH ON MINORITY POPULATIONS OF THE UNITED STATES

P.T. 34; FF; K.W. 0785035, 0785050, 0785055, 0715135, 0715075, 0710095, 0715010

National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Arthritis and Musculoskeletal and Skin Diseases

OBJECTIVES AND SCOPE

The above-named Institutes solicit applications for research in the areas of clinical and epidemiologic studies on minority populations of the United States.

Areas of desired research include genetic, metabolic, physiologic, nutritional, and epidemiologic aspects of diabetes, endocrinology, and metabolic diseases; digestive diseases, nutrition, and obesity; kidney, urology and hematologic diseases; and arthritis, musculoskeletal, and skin diseases. Research is solicited in normal physiology and pathophysiology of these diseases; etiology, risk factors, and potential for development of disease; trends in incidence, prevalence, morbidity and mortality; natural history of disease; prognosis for development of disease complications and sequellae; methods for prevention of the diseases; and methods for prevention or amelioration of their complications.

The minority populations to be studied include but are not limited to Blacks, Hispanic Americans (Mexican Americans, Puerto Ricans, Cuban Americans), Asian Americans (Korean, Japanese, Philippino, Chinese, Vietnamese origins), Native Americans (American Indians, Eskimos), and Pacific Islanders, including Hawaiians. Comparisons among these populations, with the white majority population of the United States including ethnic/religious subsets, and with populations in the country of origin would be desirable.

Studies on the general population at risk for disease, as well as on patient populations who have been diagnosed to have the disease, will be accepted. Research focus may be basic, clinical or epidemiologic. Clinical research may be oriented to the cellular, organ, or person level and may include metabolic studies and comparisons. Epidemiologic research designs that might be employed include observational and natural history studies, case-control studies of racial/ethnic differences, studies of migrant populations in the the U.S. versus in their country of origin, urban/rural comparisons, acculturation of the minorities to the U.S. lifestyle and environment, and longitudinal studies. Research directed toward improving methodologies for population-based studies of minority ethnic/racial groups is also encouraged.

Although new research projects are desired, the Institutes are particularly interested in receiving applications based in on-going studies that may have been conceived for reasons other than for research on U.S. minorities or for studies on the diseases listed above. In addition, analyses of extant data sets that contain components on U.S. minority populations are particularly encouraged.

Some of these extant research projects include the various national surveys of the National Center for Health Statistics (Health and Nutrition Examination Surveys, Hispanic HANES, Health Interview Survey, Hospital Discharge Survey, National Ambulatory Medical Care Survey, National Nursing Home Survey) and of the National Center for Health Services Research (National Medical Care Expenditure Survey), the Honolulu Heart Study, the Puerto Rico Heart Study, Bogalusa Heart Study, Evans County Study, Early Treatment of Diabetic Retinopathy Study, Rand Health Insurance Study, Medicare and Medicaid data, Consolidated End Stage Renal Disease Data System, ARAMIS, the Tecumseh Study, the Rochester Epidemiology Program, National Survey of Black Americans, Lipid Research Clinics Program, Meharry Cohort Study, and Kaiser Permanente Twin Registry.

MECHANISMS OF SUPPORT, APPLICATION PROCEDURE, AND REVIEW PROCEDURE

Research support mechanisms that might be utilized include regular research grants (R01), Clinical Investigator Awards (K08), First Independent Research and Transition (FIRST) Awards (R29), and Individual National Research Service Awards (F32). Specific application forms and kits are available in the business or grants and contracts offices of most academic and research institutions or may be obtained from:

Office of Grants Inquiries
Division of Research Grants, NIH
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

Applications will be accepted on an indefinite basis in accordance with the regular receipt dates established by the NIH Division of Research Grants and specified in the pertinent application kits. The original and six copies of the application should be sent or delivered to:

Application Receipt Office
Division of Research Grants, NIH
Westwood Building, Room 240
Bethesda, Maryland 20892

Applications in response to this announcement will be reviewed on a nationwide basis in competition with other applications and in accordance with the usual NIH peer review procedures. Funding decisions will be based on relative scientific merit, program relevance, and availability of appropriated funds.

STAFF CONTACT

The following individuals may be contacted in regard to the possible scientific content of grant applications:

Diabetes, Endocrinology, and Metabolic Diseases:
Maureen I. Harris., Ph.D., M.P.H.
Epidemiology Research Program, DEMD
Westwood 620
NIH, Bethesda MD 20892
Telephone: (301) 496-7595

Digestive Diseases, Nutrition, and Obesity:
Jay Everhart, M.D.
Epidemiology and Data Systems, DDN
Federal 616
NIH, Bethesda MD 20892
Telephone: (301) 496-8933

Kidney, Urology, and Hematology:
Anna Sandberg, Dr.P.H.
Clinical Trials and Epidemiology, DKUH
Westwood 621
NIH, Bethesda MD 20892
Telephone: (301) 496-7133

Arthritis, Musculoskeletal and Skin Diseases:
Reva Lawrence, M.P.H.
Epidemiology and Data Systems, AMS
Westwood 403
NIH, Bethesda MD 20892
Telephone: (301) 496-7495

ERRATUM

STUDIES OF THE OPPORTUNISTIC INFECTIONS ASSOCIATED WITH THE ACQUIRED IMMUNODEFICIENCY SYNDROME

P.T. 34; K.W. 0715125, 0715165, 0785055, 0710075, 1002008

National Institute of Allergy and Infectious Diseases

The number 87-AI-10 was used erroneously for the RFA, "Studies of the Opportunistic Infections Associated with the Acquired Immunodeficiency Syndrome," published in the Guide for January 16, 1987 (Vol. 16, No. 2). The correct number is 87-AI-07. Applicants are advised that the Institute is aware of the problem and is taking steps to make sure that applications are assigned to the appropriate review committee.

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VOL. 16, NO. 14 - APRIL 17, 1987

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DATED ANNOUNCEMENTS (RFAs and RFPs AVAILABLE)

SYNTHESIS AND TESTING OF NON-STEROIDAL MALE CONTRACEPTIVE AGENTS

RFP AVAILABLE: NICHD-CD-87-4

P.T. 34; K.W. 0750020, 0755025, 1003006, 0710100

National Institute of Child Health and Human Development

The Contraceptive Development Branch, Center for Population Research, National Institute of Child Health and Human Development, has a requirement for the synthesis and testing of non-steroidal male contraceptive agents. The basic objectives of the project are the design, synthesis, and testing of non-steroidal agents which inhibit testicular sperm development, inhibit post-testicular sperm maturation and functions, and preferentially affect Sertoli cell function.

Organizations must have adequate facilities and capabilities to carry out the proposed synthetic chemical program. Specifically excluded from this project are LHRH analogs; gossypol derivatives; steroidal agents; all alkylating agents including chlorohydrin, deoxychlorosugars, nitrogen mustards, ethyleneimines, and sulfonoxyalkanes; nonspecific antimetabolites; antimitotic agents; N-substituted diamines (such as Win. 13,099); and nitroheterocyclic compounds. Proposals to merely collect compounds from various sources and/or only perform biological assays will not be considered.

RFP-NICHD-CD-87-4 will be issued on or about May 1, 1987. Proposals will be due approximately 60 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

MARKERS OF EXFOLIATED BLADDER CANCER CELLS CORRELATED WITH TUMOR PROGRESSION AND RECURRENCE

P.T. 34; K.W. 0715035, 0705075, 0755010, 0710070, 1002004

RFA AVAILABLE: 87-CA-23

National Cancer Institute

Application Receipt Date: July 15, 1987

The Division of Cancer Prevention and Control, through the Organ Systems Program, invites research grant applications from organizations which are capable of participating in a network of collaborating research laboratories charged with testing chemical and immunologic markers for urinary bladder cancer. Research will be conducted to determine a rationale for applying markers to distinguish specific populations of exfoliated bladder cells in cancer patients.

OBJECTIVE AND SCOPE

A major goal of this RFA is to stimulate the development of an inter-organizational, cell marker network for bladder cancer. The NCI proposes to initiate interaction among three to five cell marker laboratories, each with an image analysis, flow cytometry or slit-scan capacity. Scientists in the network would be encouraged to conduct collaborative research in the diagnosis and treatment or urinary bladder cancer. Members of the network would plan, complete and evaluate laboratory studies and patient protocol studies, and decisions would be made on logical steps to take in the research program. Thus, the investigators in the network would have full responsibility for planning and directing research.

Improvements are needed in coordinating cell marker research with the automated cytometry of exfoliated bladder cancer cells, and there is a need to develop new methods for cell marker identification and analysis. Additional aims are to: 1) text chemical and immunologic cell markers and determine their application in distinguishing populations of exfoliated bladder cancer cells; 2) extend the research base in exfoliative bladder cell marker technology, and apply the new findings in studies of bladder tumor progression and recurrence after diagnosis; 3) redefine the marker characteristics of exfoliated bladder cancer cells, and factor the data into a tumor classification which is useful in patient management; and 4) engage qualified expertise in urology in order to acquire samples of exfoliated cells from adequate populations of bladder cancer patients. The grantees would develop a cohesive plan for clinical studies which would take advantage of the research opportunities offered by existing bladder cancer patient populations.

Inter-disciplinary collaboration needs to be established in order to develop cell markers as powerful prognostic tools in patient management. Before an application of cell markers can become routine in clinical practice, there is a need to achieve close interaction among experts in cell markers, automated cytometry and urology. The collaborative approach projected in this RFA would make the best use of patient resources and would make it possible to correlate different kinds of markers, and to test and compare techniques and interpretations in different clinical settings.

BACKGROUND

The availability of exfoliated normal and neoplastic cell populations from the full endothelial surface of the bladder coupled with advances in cell markers and automated cytometry provides the bladder cancer field with a special opportunity for rapid progress. There is high potential that a collaborative research effort in this area would provide the marker-automated system needed for reducing costs in the area of bladder cancer diagnosis and prognosis. In the proper clinical setting, especially for patients with low-stage bladder tumors, automated cytometry of relevant cell markers might be practical as an outpatient urologic examination. Its increased use could reduce the need for cystoscopy.

ELIGIBILITY

It is the intent of this RFA to initiate studies among organizations which are already contributing significantly to research in cell markers. Applicant organizations are required to have the capacity for establishing liaison with investigators involved in clinical research in cancer, with a technical effort in automated cytometry, and with specific expertise in the intravesical treatment of bladder cancer patients or have the capacity to extablish liaison with such an organization. The principal investigator must have extensive experience in research in cell markers.

Organizations which currently have or can assemble these resources are encouraged to respond to this RFA. The awards should support only research done collaboratively among the network members. Core support for cell marker research, bladder cancer research and automated cytometry at the applicant organization and its affiliates should be funded through alternative sources. The required technical expertise, facilities, patient populations and qualified investigators should already exist in these organizations.

APPLICATION SUBMISSION AND REVIEW

A potential applicant organization is encouraged, but is not required, to submit a letter of intent, and is encouraged to consult with NCI staff by telephone before submitting. The letter of intent is requested by May 8, 1987. It will not enter into the review of an application submitted in response to this RFA.

Applications responsive to this RFA will be reviewed for scientific merit by an appropriate peer review group composed primarily of non-Federal experts and set up by the Division of Extramural Activities, National Cancer Institute. Reviewers will consider each application in terms of its projected research plans, and of the proposed means for implementing collaborative network activities. Applications will be reviewed in competition with each other on a nationwide basis. This RFA solicitation is a single competition and has one specified deadline for receipt of applications.

MECHANISM OF SUPPORT

The mechanism of support for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to non-profit and profit organizations. An applicant organization may apply for a period of support of up to three years. Funds, if awarded, would support research conducted by the collaborative network. The awards would also support travel, planning, communications and data management connected with the network effort.

Contingent upon the continued availability of funds, and dependent upon the receipt of a sufficient number of applications of high scientific merit, it is anticipated that three to five awards will be made at an annual total cost of approximately $560,000. Before the end of the three-year period of funding, the Bladder Cancer Network will be evaluated by the NCI and a means for possible continued or expanded support determined.

INQUIRIES

Requests for copies of the RFA in its expanded form should be directed to:

William E. Straile, Ph.D.
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building - Room 727
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

MOLECULAR APPROACHES TO PANCREATIC CANCER RESEARCH

RFA AVAILABLE: 87-CA-22

P.T. 34; K.W. 0715035, 0705025, 1002008, 0780000
National Cancer Institute

Application Receipt Date: July 15, 1987

The Division of Cancer Prevention and Control, through the Organ Systems Program, invites research grant applications from organizations which are capable of carrying out research in the molecular biology of pancreatic cancer.

OBJECTIVE AND SCOPE

The NCI proposes to encourage scientists in up to five existing molecular biology laboratories to develop a research capacity in the area of pancreatic cancer. Cooperation among these participating laboratories and sharing of resources would be encouraged. Investigators would have responsibility for planning and directing their own research programs, but collaborative arrangements among the laboratories would be forged as mutually beneficial circumstances arise. Participating laboratories would be responsible for identifying research objectives, developing research strategies, fostering collaborative arrangements, and developing means for resources development and allocation.

The major goal of this RFA is to increase understanding of the molecular mechanisms that regulate cytodifferentiation and morphogenesis in the transformed human exocrine pancreas. Cell(s) of origin for exocrine pancreatic cancer would be identified, and molecular tools would be developed for these tumor cells including specific probes for genes, oncogenes and gene products. Molecular probes would be developed for defining growth and differentiation of exocrine pancreatic tumor cells. Appropriate probes would be applied in the diagnosis and classification of human pancreatic tumors, and findings would be correlated with the clinical course of the disease. Transfected or infected cell lines would be selectively produced, expressing human genes and gene products related to growth, differentiation and transformation of exocrine pancreatic tumors.

BACKGROUND

Pancreatic cancer presents a challenging problem for basic and clinical scientists. Considerable progress has been made in defining the cellular, molecular and genetic origin of neoplasia in a number of malignancies, but similar research in pancreatic cancer has lagged considerably. This gap in information is due in part to the short time available for study of the disease between the time of diagnosis and death. About 25,000 new cases arise annually in the United States, 90% survive less than two years after diagnosis, and more than 98% die within five years. Current treatment regimens have been ineffective in significantly altering the survival of pancreatic cancer patients. Information on life-style factors which predispose towards this disease is scant and equivocal. It is obvious that a method for earlier diagnosis and a better understanding of the nature of pancreatic carcinogenesis are needed.

The active synthetic and secretory functions of the pancreas led to its use as one of the organs first studied at the cellular and molecular level. Considerable information is accumulating on the regulation and expression of genes related to the pancreatic secretory process, but little information is available concerning the onset, control and expression of the gene programs that drive normal cell differentiation in this gland.

ELIGIBILITY

It is the intent of this RFA to initiate studies of the pancreas in organizations which already are contributing significantly to research in molecular biology. An organization with a molecular biology laboratory, which can establish an association with a research effort in cancer, is encouraged to respond to this RFA. At the time of submission, core support for molecular biology and research in cancer, qualified investigators, technical expertise, facilities and patient populations should exist in the organizations which respond to this RFA. The principal investigator must have extensive experience in research in molecular biology.

Applicant organizations are required to have the capacity for establishing liaison with investigators involved in research in pancreatic cancer. The applicant organization should be involved in treating pancreatic cancer patients or have the capacity to establish liaison with such an organization. Applicants must propose research to be done primarily with pancreatic cancer cells. Work using normal cells from the pancreas or from other organs should be done for control purposes only.

APPLICATION SUBMISSION AND REVIEW

Each applicant will be responsible for developing details for research to be conducted within the applicant organization. Studies should also be described which might be facilitated through a collaborative sharing of expertise, facilities and resources among the participating laboratories.

A potential applicant organization is encouraged, but is not required, to submit a letter of intent, and is encouraged to consult with NCI staff by telephone before submitting. The letter of intent is requested by May 8, 1987. It will not enter into the review of an application submitted in response to this RFA.

Applications responsive to this RFA will be reviewed for scientific merit by an appropriate peer review group composed primarily of non-Federal experts and set up by the Division of Extramural Activities, National Cancer Institute. Reviewers will consider each application in terms of its projected research plans, and of the proposed means for implementing collaborative activities. Applications will be reviewed in competition with each other on a nationwide basis. This RFA solicitation is a single competition and has one specific deadline for receipt of applications.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards will be made to non-profit and profit organizations. An applicant organization may apply for a period of support of up to three years. Funds, if awarded, would support research done within the applicant organization and research done collaboratively among the participating organizations. The awards would also support travel, planning, communications and data management connected with a collaborative effort.

Contingent upon the availability of funds and dependent upon the receipt of a sufficient number of applications of high scientific merit, it is anticipated that five awards will be made at an annual total cost of approximately $600,000. Before the end of the three-year period of funding, the participating laboratories will be evaluated by the NCI and a means for possible continued or expanded support determined.

INQUIRIES

Requests for copies of the RFA in its expanded form should be addressed to:

William E. Straile, Ph.D.
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building - Room 727
Bethesda, Maryland 20892-4200
Telephone:(301) 427-8818

BIOLOGICAL ROLE OF EXOCYCLIC NUCLEIC ACID DERIVATIVES IN CARCINOGENESIS

P.T. 34; K.W. 0715035, 0790010, 1007009

National Cancer Institute

Application Receipt Dates: June 1, October 1, February 1

The Division of Cancer Etiology (DCE) of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic studies that are focused on providing insights and approaches to an understanding of the biological role of exocyclic nucleic acid derivatives in carcinogenesis. This is a reissuance of an announcement which first appeared in the NIH Guide for Grants and Contracts in Vol. 15, No. 2, January 31, 1986.

BACKGROUND

The current status of research on the types of adducts produced by exposure to vinyl halides, alkyl carbamates, mono and bifunctional aldehydes, epoxides, halonitrosoureas and related compounds and their role in carcinogenesis and mutagenesis was discussed at a workshop entitled "Cyclic Nucleic Acid Adducts in Carcinogenesis" which was held at the International Agency for Research on Cancer in Lyon, France on September 17-19, 1984. A report of this meeting has been published (see Cancer Research 45: 5205-5209, 1985). A number of chemicals of the above types which include known or suspected human carcinogens (vinyl chloride, acrylonitrile, cyclophosphamide), several of which can be found in food and beverages (ethyl, carbamate, methylglyoxal, glycidaldehyde, malonaldehyde, N-nitrosopyrrolidine), chemotherapeutic agents (haloethylnitrosoureas) and others which humans are exposed to as environmental pollutants (acrolein, also detected in cigarette smoke) or through occupational exposure (acrylonitrile, vinyl chloride) have been shown to form a large variety of adducts with guanosine, adenosine, and cytosine in nucleic acids. In addition, many of the compounds can also form interstrand crosslinks. From discussions on the mutagenicity and carcinogenicity of compounds such as vinyl chloride, acrylonitrile, methylglyoxal, ethyl carbamate and malonaldehyde, it was concluded that cyclic nucleic acid adducts could play a major role in the biological activity of these compounds. However, more work is needed since adducts of this type have not been identified in vivo for many compounds. The identification of adducts in DNA was determined to be a problem due to the lack of sensitive methods for the quantitation and identification of the adducts formed. It was also apparent that little is known about the repair of known exocyclic derivatives in mammalian cells.

This program is described in the Catalog of Federal Domestic Assistance number 13.393, Cancer Cause and Prevention Research. Awards are under authorization of the Public Health Service Act, Section 301(c) and Section 402 (Public Law-78-410, as amended; 42 USC 241; 42 USC 282) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or to Health Systems Agency Review.

OBJECTIVES AND SCOPE

It is the intent of this program announcement to encourage basic mechanistic studies focused on determining the formation, repair and relevance to muta genesis and carcinogenesis of exocyclic nucleic acid derivatives. It is not intended to make or imply any delimitation to the research supported by the Chemical and Physical Carcinogenesis Program of the Division of Cancer Etiology. The compounds of interest which are known or are likely to form exocyclic nucleic acid derivatives include: vinyl halides (vinyl chloride, vinyl bromide), alkyl carbamates (ethyl and vinyl carbamate), halonitrosoureas (BCNU, CCNU), monofunctional unsaturated aldehydes (acrolein, crotonaldehyde), bifunctional aldehyes (glyoxal, malonaldehyde, glycidaldehyde), beta-propiolactone, acrylonitrile, N-nitrosopyrrolidine and related cyclic nitrosamines, and some halogenated ethers and aldehydes (chloro- and bromoacetaldehyde). Examples of important areas of research emphasis include the following: 1) the identification and quantitation of adducts which may be responsible for the carcinogenicity of the test compound in animals, the transformation of cells in culture, or the mutagenicity of the compound in cells in culture or in other test systems; 2) the formation and repair of exocyclic adducts in animals, cells in culture, or test organisms relevant to carcinogenicity, transformation of mutagenicity studies; and 3) the mechanism of mutagenesis or carcinogenesis by exocyclic nucleic acid adducts, other adducts of biological interest or crosslinks which may be formed by the above mentioned compounds. It is also recognized that there will be a need to develop more sensitive methods to analyze and quantitate the many possible adducts and to detect them in DNA from cells exposed to the chosen compounds. A desired sensitive method, not widely available, is an immunoassay using monoclonal antibodies to the chosen exocyclic adduct or other relevant adduct.

METHOD OF APPLYING

Any non-profit and for-profit institution, domestic and foreign, may apply. All PHS and NIH grants policies governing regular research project grants, including cost sharing, will apply to applications received in response to this announcement. Applications should be submitted on form PHS 398, Grant Application Kit, which is available in the grants and contracts business office at most academic and research institutions. Copies may also be requested by writing to:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building - Room 449
5333 Westbard Avenue
Bethesda, Maryland 20892

Please type "Exocyclic Nucleic Acid Derivatives in Carcinogenesis" in item 2 on the face page of the application.

The original and six copies of the application should be sent or delivered to:

Application Receipt Office Division of Research Grants National Institutes of Health
Westwood Building - Room 240 Bethesda, Maryland 20892

DEADLINE

Applications will be accepted in accordance with the usual National Institutes of Health (NIH) receipt dates for new applications. Deadline dates are: June 1, October 1, February 1. Earliest possible start dates would be: April 1, July 1, December 1, respectively.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual NIH peer review procedures. They will first be reviewed for scientific and technical merit by an appropriate review group composed mostly of non-Federal scientific consultants. Following this initial review, the application will be secondarily evaluated by an appropriate National Advisory Board or Council. The review criteria customarily employed by the NIH for regular research grant applications will prevail.

STAFF CONTACT

For further information, investigators are encouraged to contact:

Dr. Paul Okano
Chemical and Physical Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Landow Building - Room 9C18
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-4141

In order to alert the Division of Cancer Etiology to the submission of proposals with primary thrust directed to chemical and physical carcinogenesis research, applicants are encouraged to contact Dr. Okano.

THE ROLE OF OMEGA-3 POLYUNSATURATED FATTY ACIDS IN CANCER PREVENTION

P.T. 34; K.W. 0715035, 0745055, 0710095

National Cancer Institute

Application Receipt Dates: June 1, October 1, February 1

The Division of Cancer Etiology (DCE) of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic studies that are focused on providing insights and approaches to an understanding of the role of omega-3 polyunsaturated fatty acids in cancer prevention. This is a reissuance of an announcement which first appeared in the NIH Guide for Grants and Contracts in Vol. 15, No. 15, August 22, 1986.

BACKGROUND INFORMATION

It has been generally observed that the risk of developing cancer at certain sites (e.g. breast, colon, prostate, pancreas, endometrium and ovary) is higher among people who consume diets high in fat and low in vegetables, fruits, whole grains and other fiber-rich foods. Additionally, recent studies have suggested that not only the amount of fat, but the composition and type of fat consumed may have a significant influence on the development of cancer.

Fats containing polyunsaturated fatty acids (PUFA) of the omega-6 family are apparently more favorable to the growth of tumor cells. The PUFA generally consumed are derived from vegetable oils which contain high levels of linoleic acid. Experiments with laboratory animals have demonstrated that dietary linoleic acid favors the growth of tumor cells. The mechanism(s) of fatty acid enhanced tumorigenesis and tumor growth are not well defined. Possible mechanisms include the fact that polyunsaturated fatty acids can easily undergo oxidation to yield a variety of potential mutagens, promoters, and carcinogens, such as fatty acid hydroperoxides, endoperoxides, enals, aldehydes, alkoxy, and hydroperoxy radicals which promote the growth of cancer cells. In addition, polyunsaturated fatty acids like linoleic acid give rise to arachidonic acid when elongated and desaturated. Arachidonic acid is the precursor for biologically active prostaglandins, such as prostaglandin E2 (PGE2). PGE2 exerts suppressive action on immunological cells, which is postulated to enable tumor cells to escape the immunosurveillance of the body and metastasize and proliferate. There is evidence that omega-6 PUFA are conducive to promotion of cancer by virtue of their ability to elicit production of immunosuppressive prostaglandins.

This program is described in the Catalog of Federal Domestic Assistance number 13.393, Cancer Cause and Prevention Research. Awards are under authorization of the Public Health Service Act, Section 301(c) and Section 402 (Public Law-78-410, as amended; 42 USC 241; 42 USC 282) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency Review or to the intergovernmental review requirements of Executive Order 12372.

It is not feasible to eliminate PUFA completely from the human diet to reduce the risk of cancer because these PUFA are needed for normal biochemical functions and the maintenance of normal health. Furthermore, there is widespread advocacy for increased consumption of omega-6 PUFA (vegetable oils) to lower serum cholesterol levels (especially HDL cholesterol) and reduce coronary heart disease.

Ideally, we need a source of dietary PUFA that would exert beneficial effects on overt coronary heart and neoplastic disease while also suppressing the development of these afflictions. The omega-3 PUFA which occur in fish oils, particularly from fish that live in deep, cold waters, may serve that function. Fish oils extracted from mackerel, bluefish, herring, and menhaden, for instance, have low levels of omega-6 fatty acids, but contain high levels of omega-3 PUFA, such as eicosapentaenoic acid (20:5) and docosahexaenoic acid (22:6). Epidemiological studies with Greenland Eskimos, Japanese, and Icelanders indicate that populations consuming seafood regularly are less prone to coronary heart diseases, atherosclerosis, hypertension, and some types of cancer, such as those in the mammary gland and colon. However, changes in their food habits to western style diets is correlated with increased mortality rates from such cancers. Recent studies have demonstrated that diets containing these omega-3 fatty acids effectively retard the growth of tumor cells in animal models. Despite these various observations, the mechanisms underlying the relationship between dietary fat and cancer are not well understood.

A few examples can be cited in which experimental observations are related to possible mechanistic hypotheses of fish oil efficacy in the therapy and prevention of cancer. Thus, it has been generally observed that the high serum levels of PGE2 derived from omega-6 PUFA are conducive to the growth of tumor cells and there is a good correlation between the levels of prostaglandin E2 and tumor growth in experimental animals. Fish oil enriched diets decrease the formation of PGE2, and this coincides with the retarded growth of tumor cells. In this respect, monocyte-macrophages are important relevant cells which are the major producers of PGE2. Massive invasions of macrophages have been observed in tumors. Because of the presence of high levels of PGE2 these macrophages do not function in their normal capacity as cytotoxic cells against tumors. However, by reducing the local concentrations of PGE2, the suppressive action of PGE2 on macrophage function could be relieved. Dietary intervention with fish oils may provide such an approach. It has been demonstrated that macrophages can effectively take up omega-3 fatty acids from dietary sources. This reduces cellular arachidonic acid levels, and subsequently decreases their capacity to synthesize PGE2. Thus, the overall levels of PGE2 can be decreased by dietary omega-3 fatty acids, and thereby relieve the inhibition of the phagocytic activity of the macrophages. This could retard the growth of tumor cells. In addition, it has been observed that omega-3 fatty acid enrichment also enhances arginase production in macrophages, and this enzyme exerts cytolytic action on tumors. Thus, dietary omega-3 fatty acids could significantly retard the growth of tumor cells without affecting the normal functions of macrophages. Significantly, the omega-3 PUFA of fish oils may, by inhibiting cyclooxygenase and reducing PGE2 synthesis, divert the arachidonic acid into the lipoxygenase pathway which produces compounds such as hydroxyeicosatetraenoic acid (HETE) and leukotrienes (LT), e.g., LTB4. These compounds are chemotactic agents for macrophages and other immunological cells, which function in the control of tumors. Most significantly, HETE inhibits the growth of tumor cells.

Of especial interest have been recent studies directed at determining the potential effectiveness of dietary fish oils in cancer prevention in animals. Although results are only preliminary at this time, high levels of dietary fish oil (menhaden oil) appear to inhibit or retard the development of MNU-induced mammary tumors, and the development of azaserine-induced putative preneoplastic lesions of the rat pancreas. In addition, fish oils contain high levels of retinoids (Vitamin A) which can act as antineoplastic agents. Furthermore, another recent study indicates that a diet high in menhaden fish oil does not promote chemically-induced colon carcinogenesis, in contrast to a parallel-fed diet high in corn oil-derived omega-6 PUFA. Hence, omega-3 PUFA may act via a number of mechanisms. These observations suggest that fish oils and/or seafood-based diets may provide an effective non-invasive dietary intervention approach for reducing the risk of tumor growth and cancer.

RESEARCH OBJECTIVES AND SCOPE

The Chemical and Physical Carcinogenesis Branch is issuing this Program Announcement to encourage basic mechanistic studies on the role of omega-3 polyunsaturated fatty acids in cancer prevention. Among the areas of particular interest are: (1) anticarcinogenesis studies in various organ systems, particularly those organ systems in which the type and level of fat have been shown to play a role; (2) determination of whether efficacy obtains during the initiation period by modifying the susceptibility of the host to early events, or whether these fatty acids modulate the carcinogenic response in the post-initiation period, or both, and including determination of efficacy over the lifetime of the animal; (3) pharmacokinetic studies on the absorption, distribution, metabolism and excretion of these fatty acids, including such studies performed under the experimental conditions demonstrating cancer prevention; (4) studies on toxicology of the agents, including life-time administration studies under defined dietary conditions in several species of animals; (5) comparative metabolic studies in human vs animal systems; (6) indepth studies of mechanisms of action, especially as related to conditions known or demonstrating anticarcinogenic efficacy. It is particularly desired that mechanism studies on anticarcinogenesis be reflective of the current state-of-the-art in molecular and cellular carcinogenesis, experimental pathology, immunology, endocrinology, cocarcinogenesis and tumor promotion. Program Projects or consortial arrangements under traditional R01 grants where collaborating expertise, special facilities and equipment are deemed necessary to approach and carry out these investigations are encouraged.

METHOD OF APPLYING

Any non-profit and for-profit institution, domestic and foreign, may apply. All PHS and NIH grants policies governing regular research project grants will apply to applications received in response to this announcement. Applications should be submitted on form PHS 398, Grant Application Kit, which is available in the grants and contracts business office at most academic and research institutions. Copies may also be requested by writing to:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building - Room 449
5333 Westbard Avenue
Bethesda, Maryland 20892

Please type "The Role of Omega-3 PUFA in Cancer Prevention" in item 2 on the face page of the application.

The original and six copies of the application should be sent or delivered to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892

DEADLINE

Applications will be accepted in accordance with the usual National Institutes of Health (NIH) receipt dates for new applications. Deadline dates are: June 1, October 1, and February 1. Earliest possible start dates would be: April 1, July 1, and December 1, respectively.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accor dance with the usual NIH peer review procedures. They will first be re viewed for scientific and technical merit by an appropriate review group composed mostly of non-Federal scientific consultants. Following this initial review, the application will be secondarily evaluated by an appro priate National Advisory Board or Council. The review criteria customarily employed by the NIH for regular research grant applications will prevail.

STAFF CONTACT

For further information, investigators are encouraged to contact:

Dr. Carl E. Smith
Chemical and Physical
Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Landow Building - Room 9B-06
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-4141

Dr. David G. Longfellow
Chief, Chemical and Physical
Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Landow Building - Room 9A-02
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-5471

In order to alert the Division of Cancer Etiology to the submission of proposals with primary thrust directed to chemical and physical carcinogenesis research, applicants are encouraged to contact Dr. Smith.

RESEARCH ON MUSCULOSKELETAL FITNESS AND SPORTS MEDICINE

P.T. 34; K.W. 0705050, 0785205

National Institute of Arthritis and Musculoskeletal and Skin Diseases

PURPOSE

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) invites investigator-initiated research grant applications to study a broad range of basic and clinical topics related to musculoskeletal fitness and sports medicine. Support will be through individual research and career development grants.

BACKGROUND

Sports activities and fitness programs are very popular. More than 30 million young Americans participate in organized competitive sports, and one of every two adult Americans exercises regularly. This emphasis on activity has led to an improvement in physical fitness and an increase in activity-related injuries. Past research efforts have yielded many improvements in training athletes, preventing injuries and treating patients. However, further significant advances could be made with additional research to study basic and applied aspects of musculoskeletal exercise, training and sports-related injuries.

The magnitude of the sports injury problem is substantial, extending beyond sports into its impact on the workforce. It has been estimated that 17 million persons in this country sustain significant injury from sports or recreational participation yearly. Each year there are one million football injuries among high school participants and 200,000 ski injuries requiring treatment. One-third of the 15 million joggers will sustain an injury which involves the musculoskeletal system. It is clear that understanding the causes, prevention, and treatment of athletic and recreational injury is a major health issue.

Many of the advances in sports medicine have been of a technological nature. For example, a substantial improvement in the evaluation and treatment of sports-related joint injuries has been the development of arthroscopes. This device allows rapid visualization and repair of the interior of many injured joints.

There has not been a strong scientific research basis to support many of the currently recommended practices in this field. For example, while a strong scientific understanding of the normal physiology of muscle exists, there is not a large base of research into muscle metabolism, hypertrophy and injury during exercise, disuse, and strength training. Another example is the empirical design of many protective devices that are not founded in fundamental biomechanical studies.

Improved knowledge can be gained through increased basic science research related to sports medicine as well as in applying the information gained to practical problems in this field.

OBJECTIVES

This solicitation is intended to stimulate research that provides a new and expanded foundation of basic science knowledge related to musculoskeletal fitness and sports medicine. Additionally, it is intended to encourage applications of the best available scientific information in important clinical aspects related to training, prevention, treatment and rehabilitation.

SCOPE

A wide range of basic and applied research is desired in various aspects of musculoskeletal fitness. No order or priority of areas of interest has been established. Applicants are encouraged to submit high scientific quality research projects in any area related to the broad objectives of this announcement.

Examples of investigations of interest to the NIAMS include but are not limited to research on:

1 Muscle Pathophysiology - Studies on the metabolic, structural and protein changes occurring in muscles (and muscle-tendon junctions) during exercise, disuse, and strength training. Investigations of the damage and healing of muscle tissue from factors such as mechanical or thermal overloading or systemic biochemical changes. Develop a mechanistic understanding of the growth and maturation of muscle. Explore the interrelationships and molecular steps between mechanical stimuli and biochemical changes.

2 Epidemiology - Define the incidence and natural history of injury in competitive sports and recreational activities. Establish risk factors for incurring injuries and for the progression of an injury to a more serious medical problem. Determine if chronic and acute injuries are interrelated.

3 Clinical Studies - Provide improved repair and replacement of injured muscle, connective tissues and joints. Advancements in materials and methods for transplantation, augmentation, and replacement of ligaments and tendons. Common sports injuries and symptoms include ligaments of the knee (such as anterior cruciate ligaments and medial collateral ligaments), patellar pain, and rotator cuff syndrome. Enhanced understanding of non-surgical methods to treat injuries. Improved knowledge of the theory and practice of rehabilitation as it relates to sports injuries.

4 Functional Assessment - Establish simple, quantitative measures of joint motion and forces that may be uniformly applied at most research and clinical sites. Document the utilization of such evaluations for improved pre-injury screening and post-injury surveillance.

5 Injury Mechanisms - Determine the mechanical forces and biochemical environments that weaken and injure connective tissues. Establish the forces and force distributions within joint structures and tissues, both during normal function and during trauma. Establish the conditions present during competitive sports and recreational activities that may lead to damaged tissue. Compare overuse versus traumatic injuries. Investigate the role of neuromuscular control in injuries.

6 Healing - Improved general understanding of the natural healing process for muscle and connective tissue. Determine what interventions are most successful in enhancing healing and under what conditions should these therapies be applied. Establish the role of inflammation in healing and subsequent injury. Investigate healing from micro tissue damage as a preliminary step in strengthening and/or enlarging muscle and other connective tissue.

7 Prevention and Training - Develop improved protective sporting equipment and training methods, especially for high risk competitive and recreational activities. Determine the short and long range benefits and side-effects from using anabolic steroids. Establish more completely the interrelations between neuromuscular and connective tissue response to training.

General Considerations - A large research effort is required to establish a firm scientific foundation for a basic and applied program in musculoskeletal fitness and

sports medicine. Improved knowledge is desired in several aspects of musculoskeletal fitness and injury: performing the activity, training and prevention, treatment, and rehabilitation. Research in these areas may be performed on various types of individuals, such as young children, adolescents, mature adults, aged, professional athletes, men or women. Because the appropriate fitness information may be different for each type of individual as they experience different possible phases of musculoskeletal fitness or injury, research should be carefully directed to the results applied to a particular combination.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants (Study Section). Review criteria include the significance and originality of the research goals and approaches; feasibility of the research and adequacy of the experimental design; training, research competence, and dedication of the investigator(s); adequacy of available facilities; provision for the humane care of animals; and appropriateness of the requested budget relative to the work proposed. Funding decisions will be based on Initial Review Group and National Institute of Arthritis and Musculoskeletal and Skin Diseases Advisory Council recommendations. Applications should be submitted on form PHS-398, available in the business or grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health. Applications will be accepted in accordance with the dates for new applications on an indefinite basis:

February 1, June 1, October 1

The phrase "RESPONSE TO NIAMS PROGRAM ANNOUNCEMENT: RESEARCH ON MUSCULOSKELETAL FITNESS AND SPORTS MEDICINE" should be typed on line 2 of the face page of the application. The original and six copies should be sent or delivered to:

Grant Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, Maryland 20892-4500

For further information, investigators are encouraged to contact the following individuals:

Stephen L. Gordon, Ph.D.
Musculoskeletal Diseases Program Director
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Westwood Building, Room 407
Bethesda, Maryland 20892
Telephone: (301) 496-7326

Richard W. Lymn, Ph.D.
Muscle Biology Program Director
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Westwood Building, Room 403
Bethesda, Maryland 20892
Telephone: (301) 496-7495

This program is described in the Catalog of Federal Domestic Assistance No. 13.846, Arthritis, Musculoskeletal and Skin Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

ERRATA

DETERMINATION OF THE THERAPEUTIC USEFULNESS OF PURIFIED CYTOKINES IN CANCER MODELS

P.T. 34; K.W. 0740015, 0755020, 0415000

DETERMINATION OF THE THERAPEUTIC USEFULNESS OF MATURATION DIFFERENTIATION AND ANTI-GROWTH FACTOR SUBSTANCES IN CANCER MODELS

P.T. 34; K.W. 0415000, 0740015, 0760020, 0755020, 0780015

National Cancer Institute

Application Receipt Dates: February 1, June 1, October 1

The receipt dates for the above referenced Program Announcements were inadvertently given as February 1, July 1 and October 1 in the NIH Guide, Vol. 15, No. 8, June 20, 1986. The correct application receipt dates are February 1, June 1 and October 1.

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HUMAN LIVER TISSUE FOR RESEARCH AVAILABLE

P.T. 34; K.W. 0780005

National Institute of Diabetes and Digestive and Kidney Diseases

Human liver for scientific investigation is available through the National Institute of Diabetes and Digestive and Kidney Diseases, NIH supported Liver Tissue Procurement and Distribution System (LTPADS). Five regional centers have been subcontracted for the collection of livers obtained at the time of transplant for scientific investigators nationwide. Further information and proposal forms for interested investigators can be obtained from:

Harvey L. Sharp. M.D.
LTPADS
Box 279 Mayo Building
University of Minnesota Hospital
Minneapolis, MN 55455
Telephone: (612) 624-1133 or 624-2422

CHANGE IN ELIGIBILITY CRITERIA FOR ADAMHA FIRST PROGRAM

P.T. 34; K.W. 0710030, 0404000, 0785035, 1014002

Alcohol, Drug Abuse, and Mental Health Administration

This notice is to announce that recipients of Research Scientist Development, Level I (K01), Academic Investigator (K07), Clinical Investigator (K08) and Physician Scientist Awards (K11) may apply for and receive FIRST awards from ADAMHA providing they meet other eligibility criteria for FIRST awards. The purpose of this eligibility change is to recognize that the K awardees are typically among the most promising developing scientists and therefore it is appropriate to afford them the opportunity, when they are ready for independent investigation, to receive an award which provides a special support mechanism for new investigators.

The FIRST award is intended to provide newly independent investigators with a sufficient period of initial research support to demonstrate their research creativity, productivity and future promise. It is a research project award which must represent at least 50 percent effort of the investigator. The various K awards mentioned above have as their goal supporting the development of scientists into independent investigators, including a period of supervised research.

K01, K07, K08 and K11 recipients who apply for FIRST awards will be judged, as are other FIRST applicants, on the basis of whether they are ready for independent investigation. Accordingly, it would not be permissible for an individual to simultaneously submit an application for both a K and a FIRST application. Rather, an individual who is a recipient of a K award must have held that award for a sufficient period of time to be able to demonstrate readiness to undertake an independent research project. Other conditions of both the FIRST and K awards will apply. Once an investigator receives a FIRST award, he or she will not be able to receive a research allowance under the K award.

This change in eligibility criteria for the FIRST program will be effective for applications submitted beginning with the June 1, 1987 receipt date.

For copies of announcements for the K programs mentioned in this notice or the FIRST program, contact the following:

Anne Cooley
National Institute of Mental Health
Extramural Policy Branch, DEA
5600 Fishers Lane, Room 9-95
Rockville, Maryland 20857
Telephone: (301) 443-4673

National Clearinghouse on Alcohol Information
1776 Plaza
E. Jefferson Street
Rockville, Maryland 20852
Telephone: (301) 468-2600

National Institute on Drug Abuse
Grants Management Branch
5600 Fishers Lane Room 10-25
Rockville, Maryland 20857
Telephone: (301) 443-6710

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

PHASE I CLINICAL TRIALS OF BIOLOGICAL RESPONSE MODIFIERS

RFP AVAILABLE: NCI-CM-87215-18

P.T. 34; K.W. 0740015, 0755015, 0760045, 0710100

National Cancer Institute

The Biological Response Modifiers Program (BRMP) of the Division of Cancer Treatment (DCT), National Cancer Institute, is seeking organizations to perform Phase I clinical trials of biological response modifiers (BRMs), and, in addition, to have the capability to perform basic immunologic, pharmacokinetic and clinical monitoring as required by the following tasks.

Task A: Phase I Clinical Studies of Monoclonal Antibodies or Monoclonal Immunoconjugates in Cancer.

This theoretical protocol shall be a Phase I IB clinical and laboratory evaluation of an actual unconjugated monoclonal antibody. The theoretical protocol should address, but is not limited to, the following:

Objectives:

1.1 To determine the optimal biological dose of (investigational agent x)
1.2 To determine the toxicities of (investigational agent x)
1.3 To determine the effects of (investigational agent x) on tumor response.

Task B: Phase I Clinical Studies of Cytokines and Immunomodulators Alone or in Combination with Other Anti-Cancer Modalities in Cancer Patients.

This theoretical protocol shall be a Phase IB clinical and laboratory evaluation of an actual Cytokine of Immunomodulator other than an Interferon of Interleukin-2.

The theoretical protocol should address, but is not limited to, the following:

Objectives:

1.1 To determine the optimal biological dose of (investigational agent x).
1.2 To determine the toxicities of (investigational agent x).
1.3 To determine the effect of (investigational agent x) on tumor response.

Approximately 8 awards will be made for this study. It is anticipated that cost-reimbursement, 5 year incrementally-funded contracts will be awarded as a result of the RFP.

A preproposal conference is planned for prospective offerors for the purpose of providing information which may be helpful in the preparation of proposals and to answer any questions which offerors may have regarding this solicitation. Complete instructions will be provided in the RFP package.

This synopsis is not a request for proposal. The RFP for the above described work will be available to interested offerors on or about May 5, 1987.

All responsible sources may submit a proposal which shall be considered by the agency.

Requests for the solicitation must reference RFP NCI-CM-87215-18 and should be addressed to:

Catherine V. Baker
Contract Specialist
National Cancer Institute
Research Contracts Branch, TCS
Blair Building, Room 212
Bethesda, Maryland 20892
Telephone: (301) 427-8737

A PAPILLOMAVIRUS ANIMAL MODEL FOR EVALUATION OF EXPERIMENTAL THERAPIES

RFP AVAILABLE: NIH-NIAID-MIDP-88-2

P.T. 34; K.W. 1002045, 0715125

National Institute of Allergy and Infectious Diseases

The Development and Application Branch of the Microbiology and Infectious Disease Program, National Institute of Allergy and Infectious Diseases, is soliciting proposals from organizations having the capabilities and facilities to employ an appropriate papillomavirus animal model system to screen the efficacy of antiviral substances and provide badly-needed basis information on the natural history and pathogenesis of papilloma virus infections.

Current treatment for papillomavirus infection is limited to topical therapies which destroy tissue, are limited to visible lesions, and are associated with unacceptably high recurrence rates. Consequently, there is a clear need to identify effective systemic chemotherapeutic agents. The availability of animal model systems mimicking human papillomavirus infection, as well as the recently achieved increased molecular understanding of the virus, make it feasible to initiate a program to identify therapeutic agents for these infections.

This is an announcement of a new solicitation for an anticipated Request for Proposal (RFP). RFP-NIH-NIAID-MIDP-88-2 has been avail-able since March 24, 1987, and proposals will be due by close of business on July 6, 1987. One (1) award is anticipated although the Government reserves the right to make more than one award for a contract period of approximately five (5) years. Requests for the RFP should be directed to:

Thomas C. Porter
Contract Management Branch
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 707
Bethesda, Maryland 20892

Your request should reference RFP-NIH-NIAID-88-2. Please provide this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the above stated office.

This advertisement does not commit the Government to make an award.

DEVELOPMENT OF PROTEIN-POLYSACCHARIDE PNEUMOCOCCAL CONJUGATE VACCINES

RFP AVAILABLE: NIH-NIAID-MIDP-88-5

P.T. 34; K.W. 0740075, 0745045

National Institute of Allergy and Infectious Diseases

The Development and Application Branch of the Microbiology and Infectious Disease Program of the National Institute of Allergy and Infectious Diseases is soliciting proposals from organizations having the capabilities and facilities to: (1) isolate and purify capsular polysaccharide antigens from selected pneumococcal serotypes; (2) develop modified pneumococcal capsular antigens, using conjugation procedures, which can induce anti-Streptococcus pneumoniae capsular polysaccharide antibodies in infants; (3) perform animal testing for the vaccines safety and potency; and (4) provide sufficient doses of vaccine for human safety, immunogenicity, and efficacy testing.

This is an announcement for an anticipated Request for Proposal (RFP). RFP-NIH-NIAID-MIDP-88-5 will be issued on or about May 1, 1987, and proposals will be due by close of business June 30, 1987. One (1) award is anticipated for a contract period of approximately three (3) years. Requests for the RFP should be directed to:

Thomas C. Porter
Contract Management Branch
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 707
Bethesda, Maryland 20892

Your request should reference NIH-NIAID-MIDP-88-5. Please provide this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office listed above.

This advertisement does not commit the Government to make an award.

MASTER AGREEMENT FOR THE CLINICAL EVALUATION OF INVESTIGATIONAL ANTIEPILEPTIC DRUGS

MASTER AGREEMENT ANNOUNCEMENT/RFP AVAILABLE: MAA-RFP-NIH-NINCDS-87-10

P.T. 34; K.W. 0715060, 0740020, 0710100

National Institute of Neurological and Communicative Disorders and Stroke

The Epilepsy Branch (EB) of the Convulsive, Developmental, and Neuromuscular Disorders Program (CDNDP), NINCDS plans to reissue Master Agreement Announcement (MAA)/RFP entitled "Master Agreement for the Clinical Evaluation of Investigational Antiepileptic Drugs" with the intent of seeking new sources and enlarging the pool of current Master Agreement holders who are capable of performing clinical evaluations of investigational antiepileptic drugs. Current Master Agreement (MA) holders under this program are not required to respond to this RFP, unless they want to be considered for a particular study category for which they are not currently qualified. The antiepileptic drugs to be clinically evaluated will have been selected from the EB's Antiepileptic Drug Development (ADD) Program. Under this program, an MA holder will be qualified to compete for future tasks, i.e., the clinical evaluation of drugs in accordance with specific protocols as defined within the following study categories:

Category 1: In normal male volunteers: (a) an indication of tolerance, safety and side effects and (b) estimates of pharmacokinetic parameters following administration of single or multiple doses of the investigational drug.

Category 2: In patients with uncontrolled seizures: (a) an indication of tolerance, safety and side effects and (b) an estimation of possible drug interactions and pharmacokinetic parameters.

Category 3: In patients with uncontrolled seizures: evaluation of the efficacy and safety of the investigational drug in controlled clinical trials.

An MA is an agreement issued to sources who respond to MAA/RFPs and who are judged to be qualified to compete for future tasks issued under the general study areas described in the MA. These agreements contain general terms, conditions and parameters of performance for a particular study category for which the organization is deemed qualified, but do not contain any specific work task, period of performance for a specific work task, nor funding commitment. Award of an MA under this RFP will certify an offeror as having demonstrated that they have the facilities, staff expertise, and access to adequate study populations necessary to perform and compete for future drug evaluation studies within one or more of the categories indicated above. Competition for specific clinical investigational studies will be restricted to all qualified MA holders. Successful MA competitors for futures tasks will be awarded MA Orders (MAO).

An MAO is a bilateral contract and operational addendum to an MA. It includes a definitized Statement of Work and outlines the specific performance requirements, delivery schedule and funding for the study task

Award of MAs under this RFP will be valid through September 30, 1991. Once awarded an MA, holders will be required on an annual basis to assure that the the capabilities of the organization that led to issuance of an MA initially are still valid and remain in place.

All responsible sources may submit a proposal, which shall be considered by the NINCDS, convering one, two or all three of the study categories mentioned above. Review of MA proposals will be conducted by the Scientific Review Branch, NINCDS. The technical merit of each proposal will be evaluated in terms of the study requirements with emphasis on the scientific and administrative capabilities of prospective offerors. Offerors must be able to provide concise information regarding their capability to accrue the required number of qualified subjects specified for each category. The technical evaluation shall also include consideration of the offeror's available personnel, facilities and equipment and the suitability of the proposed research plans and strategies to achieve the study objectives. It is anticipated that as a result of this MAA/RFP, a number of new sources will be awarded MAs and added to the current pool of MA holders.

MAA/RFP No. NIH 87-10 will be issued on or about May 1, 1987, with responses due after 60 days thereafter. Copies of the MAA/RFP may be obtained from the office identified below. Please supply with your request two (2) self-addressed mailing labels.

Ms. Donna Rothstein
Contract Specialist
National Institute of Neurological and Communicative Disorders
and Stroke
Federal Building, Room 90
7550 Wisconsin Avenue
Bethesda, Maryland 20892

GENETIC BASIS OF REPRODUCTIVE DISORDERS

RFA AVAILABLE: 87-HD-08

P.T. 34; K.W. 0413002, 1002019

National Institute of Child Health and Human Development

Application Receipt Date: August 3, 1987

The Reproductive Sciences Branch (RSB) of the Center for Population Research (CPR) of the National Institute of Child Health and Human Development (NICHD) is inviting research grant applications investigating the genetic basis of reproductive disorders. This RFA is the first NICHD announcement in the reproductive genetics area to be specifically focused on aberrant genetic mechanisms causally associated with infertility or sterility in mammals. While a considerable variety of functional defects in the mammalian reproductive system have been reported to be genetically determined, the precise nature of the genetic system(s) involved remains unknown in all but a few instances. Applications responsive to the intent of this RFA will focus on defective genetic mechanisms causally associated with mammalian infertility or sterility. The scope of these studies could include, for example, model studies on the establishment or maturation processes of gonadal germ cells involving ovarian or testicular determining factors or genes, factors or genes associated with oogenesis or spermatogenesis failure, or genetic factors or genes controlling meiosis. The scope would also include studies on the genetic basis of familial aggregates of polycystic ovary disease, endometriosis, chronic anovulation, or other ovarian or testicular dysfunctions directly related to infertility. Responsive applications will propose to use the most current techniques of modern molecular genetics to define the gene(s) involved, characterize their structural/ regulatory role in the mechanism and clarify the biological consequences of the defective gene product(s).

The RFA label obtained from the NIH staff person listed below must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

It is anticipated that up to eight (8) awards will be made as a result of this announcement through the grant-in-aid (R01) mechanism used by the NICHD. For a copy of the detailed RFA fully describing the specific areas of research sought, contact the following:

Michael E. McClure, Ph.D.
Reproductive Sciences Branch
Center for Population Research
National Institute of Child Health
  and Human Development
Room 7C33, Landow Building
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-6515

CENTERS FOR INTERDISCIPLINARY RESEARCH ON IMMUNOLOGIC DISEASES

RFA AVAILABLE: 87-AI-15

P.T. 04, 34; K.W. 0710070, 1002004, 1002008, 0710075, 0710100, 0715120, 0715015

National Institute of Allergy and Infectious Diseases

Application Receipt Date: October 15, 1987

BACKGROUND INFORMATION

The Clinical Immunology and Immunopathology Branch of the Immunology, Allergic and Immunologic Diseases Program of The National Institute of Allergy and Infectious Diseases (NIAID) supports research on the cellular and molecular mechanisms of immunologic diseases and the application of this knowledge to clinical problems. For this purpose, six Centers for Interdisciplinary Research on Immunologic Diseases (CIRID) are currently funded. This request for applications (RFA) is intended to encourage the development of new applications from collaborative basic science and clinical investigative groups and to coordinate the submission of new CIRID applications.

RESEARCH GOALS AND SCOPE

Since its inception in 1978, NIAID's fundamental objective for the CIRID program remains unchanged: acceleration of the application of knowledge on the immune system emerging from relevant biomedical sciences to clinical investigations concerned with asthma, allergic diseases, and immunologically mediated disorders. The scope of these CIRIDs is intended to include studies of all aspects of immunologic responses aimed at defining etiological factors and pathogenetic mechanisms.

Research approaches in this area include basic and clinical immunology studies of acquired and inherited diseases associated with dysfunctions of the immune system (AIDS and Childhood Immune Deficiencies); immunopathology studies of the genetics, cytology, biochemistry, physiology, and pharmacology of the immune system and its disorders (autoimmune disorders; immune relationships in diabetes, acute and chronic inflammation (mediators, anti-inflammatory agents, chemistry and disorders of complement system, and mechanisms of phagocytosis); and investigations concerned with allergic and hypersensitivity mechanisms (asthma, allergic disorders and drug reactions).

In addition, a unique feature of the CIRID program is a requirement to implement educational or community activities. Within the research framework of the Center, a variety of outreach and demonstration projects may be supported. Overall, each component project supported under the CIRID grant, whether for basic research, clinical research or outreach demonstration projects, it is expected to contribute to, and be directly related to, the overall common goal; the projects should demonstrate an essential element of unity and interdependence.

MECHANISM OF SUPPORT

CIRID grants are awarded to an institution on behalf of a program director for support of a broadly based, multi-disciplinary, long-term research program which may have a specific objective or basic theme, or may involve the integration of several themes. A CIRID generally involves the organized efforts of groups of investigators who conduct research projects related to the overall program and of certain core resources shared by individuals where the sharing facilitates the total research effort of the Center. The NIAID plans to award at least two CIRID grants during fiscal year 1988, depending on the availability of funds.

STAFF CONTACT

A more detailed RFA may be obtained from:

Robert A. Goldstein, M.D., Ph.D
Chief, Clinical Immunology and
Immunopathology Branch, IAIDP
National Institute of Allergy and
Infectious Diseases
National Institutes of Health
Westwood Building, Room 755
Bethesda, Maryland 20892
Telephone: (301) 496-7104

Prospective applicants are encouraged to submit a one-page letter of intent that includes a descriptive title of the proposed research and identification of any other participating institutions. The NIAID requests such letters by June 15, 1987, for the purpose of providing an indication of the number and scope of applications to be received. A letter of intent is not binding. It will not enter into the review of any application subsequently submitted and is not a requirement for application. Letters of intent and inquiries should be directed to Dr. Goldstein at the address shown above.

The RFA label obtained from the NIH staff person named above must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

ASTHMA AND ALLERGIC DISEASES CENTERS

RFA AVAILABLE: 87-AI-17

P.T. 04, 34; K.W. 0715110, 0710070, 0765035, 1002019, 1003002, 0710100, 0715185

National Institute of Allergy and Infectious Diseases

Application Receipt Date: October 15, 1987

BACKGROUND INFORMATION

The Asthma and Allergy Branch of the Immunology, Allergic and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) sponsors fundamental and clinical research concerned with asthma, allergic and immunologic diseases and with relevant mechanisms of hypersensitivity and inflammation. For this purpose, twelve Asthma and Allergic Diseases Centers (AADC) are currently funded; support for four is scheduled to conclude in 1988. This request for applications (RFA) is intended to encourage submissions from clinical investigative groups meeting the criteria and requirements for an AADC and to coordinate review of new and renewal applications thus providing equitable opportunity for both to compete for funds currently available for this programmatic activity.

RESEARCH GOALS AND SCOPE

The fundamental objective of the NIAID's AADC rpogram is to foster acceleration of the application of knowledge on the immune system emerging from relevant biomedical sciences to clinical hypersensitivity disorders. Especially sought as the requisite factors within a participating institution are quality research in (a) basic science(s), (b) clinical investigation supported by adequate clinical facilities and staff expertise in diagnosis and management of asthmatic and allergic patients, and (c) access to (an) appropriate patient population(s) within a suitable academic/investigative environment designed to favor multidisciplinary interaction.

The scope of the AADC program represents an effort to foster collaborative approaches that will integrate basic concepts in allergy, immunology, pathophysiology, genetics, microbiology, biochemistry, biostatistics, bioinstrumentation, computer science and pharmacology into clinical investigations, which, in addition to the fields of allergy and clinical immunology, may include such areas as dermatology, rheumatology, infectious diseases, pulmonary medicine, hematology and otorhinolaryngology, when a high degree of relevance to immunology exists. Because the role of hypersensitivity and immune-related inflammatory mechanisms has become increasingly evident in disorders of the skin, immunodermatologic studies are especially encouraged within an AADC. Because of the alarming increase in asthma mortality since 1979, studies are also sought to examine this trend.

Program objectives are: to encourage collaboration between basic and clinical scientists; to provide a research environment favorable for such interactions; and to implement clinical application of adequately tested research findings and procedures.

In addition, a feature of the AADC program is the opportunity for directors to implement educational or community activities. Within the research framework of the center, a variety of outreach and demonstration projects may be supported.

MECHANISM OF SUPPORT

AADC grants are awarded to an institution on behalf of a program director for the support of a broadly based, multidisciplinary, long-term research program which may have a specific objective or basic theme, or may involve the intergration of several themes. An AADC generally involves the efforts of groups of investigators who conduct research related to the overall program objective. The grant can provide support for the projects and for certain core resources shared by individuals where the sharing facilitates the total research effort. Each component project supported under an AADC grant is expected to contribute to, and be directly related to, a common theme; the component projects should demonstrate an essential element of unity and interdependance. In fiscal year 1988, the NIAID plans to fund at least four new or competing renewal Asthma and Allergic Disease Center applications, depending on the availability of funds.

STAFF CONTACT

A more detailed RFA may be obtained from:

Dorothy D. Sogn, M.D.
Chief, Asthma and Allergy Branch
Immunology, Allergic and Immunologic
Diseases Program
National Institute of Allergy
and Infectious Diseases
Westwood Building, Room 752
Bethesda, Maryland 20892
Telephone (301) 496-8973

Prospective applicants are encouraged to submit a one-page letter of intent that includes a descriptive title of the proposed research and identification of any other participating institutions. The NIAID requests such letters by June 15, 1987, for the purpose of providing an indication of the number and scope of applications to be received. A letter of intent is not binding. It will not enter into the review of any application subsequently submitted and is not a necessary requirement for applicaion. Letters of intent and inquiries should be directed to Dr. Sogn at the above address.

The RFA label obtained from the NIH staff named above must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

CORE GRANTS FOR CLINICAL NUTRITION RESEARCH UNITS (CNRUs)

RFA AVAILABLE: 87-DK-08

P.T. 34; K.W. 0710095, 0502028, 0730050

National Institute of Diabetes and Digestive and Kidney Diseases
National Institute on Aging

Application Receipt Date: November 16, 1987

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the National Institute on Aging (NIA) invite applications for a Clinical Nutrition Research Unit (CNRU) grant to be awarded in Fiscal Year 1988. The award of one CNRU Grant is anticipated in Fiscal Year 1988.

A CNRU is an integrated array of research, educational, and service activities that is oriented toward human nutrition in health and disease. A research core center grant is awarded to facilitate the planning and coordination of the activities of the CNRU primarily by providing funding for core facilities and associated staff that serve the various projects of the CNRU on a shared basis.

ESSENTIAL COMPONENTS OF A CNRU

A CNRU, at a minimum, must comprise the following seven components which also should have other sources of support such as a regular NIH research grant (R01), NIH FIRST Award (R29), NIH Program Project (P01), NIH Individual Fellowship (F32), and the NIH Institutional National Research Service Award (T32) or other Federal and non-Federal sources:

1 Research with human subjects and populations;

2 Laboratory investigations;

3 Research training (funds to be derived from other sources);

4 Shared facilities and research services;

5 Education programs for medical students, house staff, practicing physicians, and allied health personnel (funds to be derived from other sources);

6 Research components of nutritional support services; and

7 Public information activities (funds to be derived from other sources.)

Funds to support components 3, 5, and 7 may not be requested as part of an application in response to this announcement.

Potential applicants are urged to submit a letter of intent regarding their application. The letter of intent is non-binding and is not a precondition for an award. In addition, the general description of a Core Center, copies of Core Center Guidelines, a more detailed RFA and consultation may be obtained from:

Van S. Hubbard, M.D., Ph.D.
Director, Clinical Nutrition
Research Units Program
Westwood Building Room 3A18
Bethesda, Maryland 20892
Telephone: (301) 496-7823

Ralph L. Bain, Ph.D.
Program Director for Digestive
Diseases Centers and Assistant
Program Director for CNRUs
Westwood Building, Room 3A15B
Bethesda, Maryland 20892
Telephone: (301) 496-9717

For information concerning NIA research interests in nutrition contact:

Ann Sorenson, Ph.D.
Program Director for the
NIA Nutrition Program
Building 31, Room 5C-21
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-1033

The RFA label obtained from the NIH staff persons named above must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

MINORITY MENTAL HEALTH RESEARCH CENTERS

P.T. 04, 34, FF; K.W. 0715095, 0710030

National Institute of Mental Health

Application Receipt Date: October 1, 1987

The National Institute of Mental Health announces the availability of grants to establish Minority Mental Health Research Centers, announcement no. MH-87-02, to support coordinated, multidisciplinary research on the mental health problems and needs of minority populations. Subject to availability of funds, the Institute will award grants to study the following minority populations: American Indians, Asian Americans, Blacks, Hispanics, and Native Hawaiians and Pacific Islanders. Support may be requested for up to 5 years. The overall research plan must be clearly defined for the period of support. Applications in response to this announcement will be accepted under the single receipt date of October 1, 1987. Potential applicants are expected to submit a letter of intent no later than June 1, 1987, that is no longer than 10 pages. The letter of intent should be sent to:

Dr. Freda K. Cheung
Chief, Minority Research Resources Branch
Division of Biometry and Applied Sciences
National Institute of Mental Health
5600 Fishers Lane, Room 18-101
Rockville, Maryland 20857
Telephone: (301) 443-3724

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ADDENDUM

RESEARCH GRANTS RELATED TO PAIN AND ANALGESIA

P.T. 34; K.W. 0715150, 0785015, 0710100

Alcohol, Drug Abuse, and Mental Health Administration

The National Institute of Mental Health (NIMH) was inadvertently omitted from the program announcement when it was originally published in the NIH Guide for Grants and Contracts on February 6, 1987, Volume 16, No. 5, pages 6-10. Applicants who are interested in applying for support from NIMH under the subject program announcement should contact:

Dr. Susan I. Blumenthal
Chief, Behavioral Medicine Program
National Institute of Mental Health
5600 Fishers Lane, Room 11C-06
Rockville, Maryland 20857
Telephone: (301) 443-4337

ERRATUM

SOCIAL AND DEMOGRAPHIC RESEARCH ON INFANT MORTALITY AND LOW BIRTHWEIGHT

RFA AVAILABLE: 87-HD-06

P.T. 34; K.W. 0403020, 0404000, 0413001

National Institute of Child Health and Human Development

Application Receipt Date: June 15, 1987

Applicants who have received a mailing of the full RFA announced in the Guide (Vol. 16, No. 11, March 20, 1987) are advised to note that the receipt date is June 15, 1987, not May 15, 1987, as stated in the full RFA.

U.S. G.P.O. 1987-181-[illegible]9:40040

NIH GUIDE

For Grants and Contracts

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NOTICE

CONFERENCE ON COMPLIANCE WITH NEW ANIMAL WELFARE REGULATIONS

P.T. 42; K.W. 1014003, 0201011

Scientists Center For Animal Welfare

The Scientists Center for Animal Welfare is holding a Conference "Well Being of Laboratory Animals: How to Comply with the New Regulations" on June 3-4, in cooperation with The University of Chicago. It will be held at the Hyatt Regency Hotel in Chicago. Many current issues will be addressed including effective Animal Care and Use Committees, protocol review, public member's role on the committee, well-being of primates, training courses on humane principles, new guidelines for agricultural animals, anesthesia and post-operative care, and use of animals in education. The faculty is composed of nationally recognized experts. For more information and complete program, please contact:

Lee Krulisch
Scientists Center for Animal Welfare
4805 St. Elmo Avenue
Bethesda, Maryland 20814
Telephone: (301) 654-6390

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

NATIONAL COOPERATIVE VACCINE DEVELOPMENT GROUPS FOR THE ACQUIRED IMMUNODEFICIENCY SYNDROME

RFA AVAILABLE: 87-AI-21

P.T. 34; K.W. 0740075, 0715120, 0715125, 0760080, 0710030

National Institute of Allergy and Infectious Diseases

Letter of Intent Receipt Date: July 15, 1987
Application Receipt Date: September 15, 1987

The National Institute of Allergy and Infectious Diseases (NIAID) announces the availability of an RFA for the funding of National Cooperative Vaccine Development Groups for the Acquired Immunodeficiency Syndrome (NCVDG). The RFA (available on request) invites applications aimed at the development of effective vaccines for the prevention of AIDS. Scientific approaches to the development of effective AIDS vaccines appropriate to the RFA may range from research on whole virus vaccines, through the production of preparations with recombinant DNA techniques and synthetic approaches, to the use of viral vectors to deliver antigenic materials. Applications directed towards vaccine development for AIDS associated opportunistic infections are not invited. Otherwise, scientific approaches to the development of effective vaccines appropriate to the RFA are broad and limited only by the creativity and ability of the applying group to exploit leads from basic studies in virology, molecular biology, and immunology.

Each NCVDG will be assembled by the Principal Investigator to form a multidisciplinary consortium representing the various skills needed to successfully design and evaluate vaccine entities and strategies for the prevention of AIDS. Inasmuch as it is unlikely that all of the outstanding talents required to exploit fundamental leads from various scientific disciplines will be found in a single institution, each Group is envisioned as being multi-institutional as well. Thus each NCVDG will be assembled by the Principal Investigator and may consist of a number of Laboratory Projects representing the scientific disciplines required to attain the Group's goal and objectives. The various Laboratory Projects, including that of the Principal Investigator, may be mobilized from academic or research institutions, and industry. It is expected that the rationale for design of potential vaccines, the synthesis or production of specific candidates, and the models for evaluation will originate within the Group and be based on leads from their own and others' fundamental research.

Awards will be made as Cooperative Agreements. Assistance via a Cooperative Agreement differs from the research grant in that the Government component (in this instance, the NIAID) awarding the Cooperative Agreement anticipates substantial involvement during performance. The nature of NIAID staff participation is described in the RFA. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to vaccines for AIDS prevention.

The proposed applicant institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the group as a whole and not to individual Laboratory Projects within the Group. The applicant institution will provide a Central Operations Office for the Group. The applicant institution will be responsible for the performance of the entire Group and will be accountable for the funds awarded. The participation of the Government through the NIAID extramural staff is aimed at facilitating a concerted effort by the Group. The interaction of academic and non-profit research institutions with commercial organizations and Government is expected to favor efficient development of AIDS vaccines and will facilitate their subsequent refinement and evaluation in clinical trials.

The RFA label obtained from the NIH staff person named below must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

The RFA is available from:

Dr. John E. Nutter
Chief, Prevention Branch
AIDS Program
National Institute of Allergy
and Infectious Diseases
Westwood Building, Room 3A-07
Bethesda, Maryland 20892
Telephone: (301) 496-8200

SPECIAL INTERNATIONAL POSTDOCTORAL RESEARCH PROGRAM IN ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

RFA AVAILABLE: 87-TW-01

P.T. 22; K.W. 0715120, 0710030

Fogarty International Center

Application Receipt Date: September 15, 1987

The Fogarty International Center invites applications from U.S. institutions with interest in developing multi-disciplinary postdoctoral fellowship programs in AIDS research for U.S. and foreign scientists. Funds will be awarded to encourage basic and clinical research in all biomedical and behavioral disciplines related to AIDS. Applications received in response to this request will be reviewed and considered for funding in a single competition.

BACKGROUND

According to the World Health Organization, 100 nations from all continents have reported AIDS cases in their countries. The current doubling time of new cases reported in the United States is approximately 15 months. Research into this disease has been significant. The causative agent, Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus (The name Human Immunodeficiency Virus (HIV) has been proposed for these viruses by the International Committee on the Taxonomy of viruses.) has been identified; the virus has been shown to severely impair the immune system and the central nervous system; the associated risk factors and major modes of transmission are known; and the epidemiologic patterns and modes of transmission have been shown to vary between men and women and among countries. Until the disease can be prevented, cures are found, or an effective vaccine is developed, AIDS will continue to be an increasingly global public health problem.

International cooperation is important in understanding and preventing AIDS. It is in this context that the Fogarty International Center, NIH, is initiating a Special International Postdoctoral Research Program in AIDS.

OBJECTIVES AND SCOPE

The objectives of the special institutional research fellowship program are (1) to support collaborative research between U.S. and foreign scientists who wish to enhance their knowledge and skills in the epidemiology, diagnosis, prevention, and treatment of AIDS and (2) to stimulate scientists from nations affected by AIDS to cooperate and to share research knowledge in combatting this global problem.

It is expected that the program director will be a recognized scientist in AIDS research, interested in both the basic and clinical aspects of the syndrome, and able to attract as preceptors basic and clinical scientists in his or her institution who are experts in other biomedical and behavioral disciplines related to AIDS.

Under this award the program director will make fellowship appointments to U.S. and foreign scientists varying from 3-24 months. Scientists who are appointed must have an earned doctoral degree (M.D., Ph.D., D.V.M., D.D.S.) or the equivalent in a health science field, be actively engaged in AIDS research, not be employed by a for-profit institution, and if foreign, must have a permanent position in his/her home institution. Postdoctoral scientists at all career levels are eligible for appointment. It is expected that appointments will cover the full range of scientific disciplines related to AIDS research.

U.S. scientists from the grantee institution will be limited to collaborative study in foreign institutions only. The U.S. appointees must have a letter of invitation from the foreign hosts accepting the fellows and committing the resources of the foreign institutions to the research effort. Foreign scientists will be required to conduct their research at the awardee institution only; each appointee will be assigned to a preceptor from among the participating faculty. Sixty (60) months of appointments will be permitted each budget year.

The RFA label obtained from the NIH staff person named below must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

STAFF CONTACT:

For further information and a copy of the RFA contact:

Bettie J. Graham, Ph.D.
Chief
International Research and Awards Branch
Building 38A, Room 613
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-6688

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH ON THE ETIOLOGY AND FUNCTIONAL CONSEQUENCES OF NONMALIGNANT ENDOCRINE TUMORS

P.T. 34; K.W. 0785050, 0755030, 1002004, 1002019, 1002021, 1003002, 0785055

National Institute of Diabetes and Digestive and Kidney Diseases

PURPOSE

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites investigator-initiated research grant applications to advance understanding of the etiology and natural history of benign tumors of the thyroid, parathyroid, pituitary, adrenal and other endocrine glands.

DISCIPLINES AND EXPERTISE

Interdisciplinary approaches may be needed for this study with expertise required in several of the following areas: endocrinology, cell biology, histology, genetics, epidemiology, and peptide and/or steroid biochemistry.

BACKGROUND

Nonmalignant endocrine tumors are a widespread and important problem in endocrinology. These tumors occur particularly frequently in the thyroid, parathyroid, pituitary and adrenal glands. In unselected autopsy series in North America the incidence of goiter is 5 percent and half the thyroids sectioned at autopsy contain nodules of at least 1 cm in diameter. In unselected autopsy series in which the pituitary is examined, the incidence of clinically unrecognized pituitary adenomas is 22 percent and in large neurosurgical series pituitary tumors account for 6 to 18 percent of all brain operations. It is estimated that 30,000 to

100,000 new cases of primary hyperparathyroidism are diagnosed each year in the United States and over 80 percent of these are due to benign parathyroid adenomas. Benign nonfunctioning adenomas are present in 5 percent of adrenals in autopsy series and adrenal adenomas are frequently discovered as adventitious findings when computerized tomographic scans of the abdomen are performed. The etiology of these commonly occurring nonmalignant endocrine tumors is unknown. The long term functional consequences and the natural history of these tumors if left untreated are also unknown. It is unclear how often these tumors have sufficient endocrine function to produce clinically significant disease. Answers to questions about the etiology and functional consequences of benign endocrine tumors would shed light not only on appropriate strategies for their prevention or therapy but also on fundamental questions regarding regulation of cell growth and replication.

OBJECTIVES

This solicitation is intended to stimulate research that will result in new understandings of the regulation of growth and proliferation of endocrine cells and of the pathogenesis of endocrine hyperplasia and nonmalignant neoplasia. It is also intended to stimulate investigation of the natural history and optimal clinical management of nonmalignant endocrine tumors.

SCOPE

Some examples of research topics that would be considered responsive to this solicitation include the following:

- studies on the regulation of growth and proliferation of endocrine cells and of homeostatic restraints on growth and function
- biological properties that cause the behavior of benign neoplasms to differ from that of normal tissue
- determinations of the incidence of adenomas or hyperplasia in endocrine tissue and of the incidence of clinically significant effects from these adenomas
- studies of the natural history of nonmalignant tumors of endocrine tissues
- identification of determinants of functionality of benign endocrine tumors and of factors predictive of the development of functional characteristics
- identification of elements predisposing to neoplasia common among the tissues involved in Multiple Endocrine Neoplasia (MEN) syndromes
- studies elucidating the heterogenity of pathologic response to the MEN stimulus ranging from hyperplasia to adenoma to carcinoma
- studies addressing the question of whether adenomas arise de novo or as a consequence of a stimulus to hyperplasia
- identification of underlying inherent impairments in efficiency of hormone synthesis that may result in excessive trophic stimulation of endocrine tissue and tissue hyperplasia
- characterization of responsiveness of neoplastic endocrine tissue to secretagogues or inhibitors
- studies useful in defining the optimal clinical approach to diagnosis of newly discovered endocrine tumors
- evaluation of indications for therapeutic intervention in patients with benign endocrine tumors
- evaluation of therapeutic modalities for benign endocrine tumors requiring treatment

These areas of interest are not listed in any order or priority. They are only suggested examples of areas of research. Applicants are encouraged to propose other areas which are related to the objectives and scope described above.

MECHANISM OF SUPPORT

The mechanism of support for this program will be the grant-in-aid. The regulations (Code of Federal Regulations, Title 42, Part 52 and, as applicable to the state and local governments, Title 45, Part 74) and policies which govern the research grant programs of the National Institutes of Health will prevail. Although this solicitation is included in the sponsoring Institute's funding plans for Fiscal Year 1988, support is contingent upon receipt of funds for this purpose. Since a variety of approaches would represent valid responses to this solicitation, it is anticipated that there will be a range of costs among individual grants awarded. With respect to post-award administration, the current policies and requirements that govern the regular research grant programs of the NIH will prevail.

REVIEW PROCEDURES AND CRITERIA

Assignment of Applications

Applications will be received by the NIH, Division of Research Grants (DRG), referred to an appropriate Initial Review Group (IRG) for scientific merit review, and assigned to individual Institutes for possible funding. Referral decision will be governed by normal programmatic considerations as specified in the Referral Guidelines of the NIH, DRG. Some applications may receive dual assignment.

Review Procedures

Applications in response to this solicitation will be reviewed on a nationwide basis and in accord with the usual National Institutes of Health peer review procedures. Applications will first be reviewed for scientific and technical merit by an Initial Review Group composed primarily of non-Federal scientific consultants, and then by the National Advisory Council of the appropriate Institute(s). The review criteria customarily employed by the National Institutes of Health for regular research grant applications will prevail.

Review Criteria

The factors to be considered in the evaluation of scientific merit of each application will be similar to those used in the review of traditional research project grant applications, including the novelty, originality, and feasibility of the approach; the training, experience, and research competence of the investigator(s); the adequacy of the experimental design; the suitability of the facilities; and the appropriateness of the requested budget to the work proposed.

METHOD OF APPLYING

Format for Applications

Applications should be submitted on form PHS 398, which is available from an applicant institution's Office of Sponsored Research or from the NIH Division of Research Grants (DRG). Use the conventional format for research project grant applications and ensure that the points identified in this PA in the section on "Review Procedures and Criteria" are fulfilled. To identify the application as a response to this PA, check "yes" on item two of page one of the application and enter the title "Research on the Etiology and Functional Consequences of Nonmalignant Endocrine Tumors".

As in the case with regular research project grant applications, applicants are requested to furnish their own estimates of the time required to achieve the objectives of the proposed research project. At the end of the initial award period, renewal applications may be submitted for further competitive review through the regular research grant program of the NIH.

Deadline

Applications will be accepted in accordance with the announced receipt dates for new applications (see receipt dates and review schedule in application kits).

Application Procedure

The original and six copies of the application should be sent or delivered to:

Application Receipt
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892

Inquiries

For further information, investigators are encouraged to contact the following individual:

Robert A. Tolman, Ph.D.
Endocrinology Research Program Director
Division of Diabetes, Endocrinology and Metabolic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 605
Bethesda, Maryland 20892
Telephone: (301) 496-7504

This program is described in the Catalog of Federal Domestic Assistance 13.846, Arthritis, Bone and Skin Diseases Research and No. 13.847, Diabetes, Endocrinology, and Metabolism, No. 13.855. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review.

RESEARCH GRANTS PROGRAM - BIOMEDICAL CENTERS FOR DRUG ABUSE RESEARCH

P.T. 04, 34; K.W. 0404009, 0710030, 0710085, 0745020, 0745055, 0415000, 0760010

National Institute on Drug Abuse

INTRODUCTION

The National Institute on Drug Abuse (NIDA) provides grant support for Biomedical Centers to conduct interdisciplinary research on biological and neurobiological factors in drug abuse. These grants are typically for a five-year period and are intended to encourage research by providing stable support of multi-disciplinary studies on the nature, causes, diagnosis, treatment, control, prevention and consequences of drug abuse. Applications will be supported to the extent that funds are available. Before preparing an application potential applicants are advised to seek more specific information by telephoning Dr. Stephen Szara, Chief, Biomedical Branch, at (301) 443-6300. Applications received in response to the announcement will be assigned for review and funding consideration in accordance with established Public Health Service (PHS) guidelines.

PURPOSE AND BACKGROUND

New methodologies of molecular cloning have enabled investigators to identify and to sequence the genetic precursors for the peptide ligands and the genetic precursors for the receptors are beginning to be identified. Numerous immunocytochemical studies have localized the receptors and peptides in various areas of the brain and in other tissues and established the notion that the physiologically relevant occupants of opioid receptors are produced by discrete neuronal circuits that use opioid peptides as intercellular messengers. However, before we could delineate the roles of these processes in any behavioral state, such as addiction, a new conceptualization of the complexity of intermediate level of intercellular signaling and the involvement of multiple chemical types of signals in a single functional process will have to be developed.

One of the peptide-precursors, the ACTH/endorphin system, is clearly involved in natural analgesia and appears to be an important common link between vital functions of the brain and the endocrine system. Opiate receptors have been found not only in the brain but in many other peripheral organs including the endocrinologically important adrenals and the immunologically important lymphocytes. Exogenous opiates such as heroin have been shown to bind to these receptors and other drugs of abuse, such as phencyclidine (PCP), have also been shown to act on certain types of opiate receptors. Repeated administration of drugs of abuse is known to interfere with the dynamic regulation of these endogenous systems of receptors and peptides. It is not clear what the exact role of these processes is in the salient clinical problems of tolerance and dependence. It is anticipated, however, that ligands known to act on these systems may be modified to produce unique ligands (drugs) that will assist in the development of new treatments in drug abuse.

Equally impressive progress has been achieved recently in cloning some of the neurotransmitter (acetylcholine, adrenergic) receptors as well as some of the hormone (glucocorticoid, estrogen, progesterone) receptors, thus opening the way to investigate the regulation of expression of these receptors in higher eukaryotes. The role of the coupling of second messengers to these receptors in regulating various cell functions is now beginning to be understood. Specific receptor and second messenger probes are now available to investigate the molecular interactions of drugs, including drugs of abuse. Further progress in dealing with the various preventive, clinical and therapeutic problems in drug abuse will depend on our understanding of the basic biological processes with which drugs of abuse interact and thereby modulate these systems.

An increasing body of evidence indicates that opiates, opioid peptides and opiate addiction modify the responsivity of the immune system. A complete regulatory loop between the immune and neuroendocrine systems has been suggested by some investigators to account for clinical and experimental data on altered responsivity of the immune system in opiate addiction and in certain stress producing situations. A multidisciplinary exploration of the molecular mechanisms involved in these interactions should produce valuable information for therapeutic management and preventive interventions in substance abuse problems.

Stress and analgesia had long been known to be correlated at the clinical levels and the biological bases for this relationship has been uncovered in the simultaneous release of ACTH and beta-endorphin-precursors after stressful experience. Animal experiments showed that perceived control over one's actions in stressful situations have wide ranging biological correlates in endocrine functions, neurotransmitter turnover and receptor regulation. The issue of perceived control may be a key element in maintaining substance abuse behavior and may have biological bases.

ELIGIBILITY REQUIREMENTS

Any domestic public (non-Federal) or private institution may apply for a Center grant. However, the proposed Center must be affiliated with an institution that has the resources to sustain a long-term, coordinated research program around a central theme relating to drug abuse problems. An applicant institution must show the ability to attract high quality scientists from biomedical, neuroscientific, behavioral, and/or environmental science disciplines who are willing to make a long-term commitment to drug abuse research. An applicant must also have a detailed five-year plan for a proposed research program and must assure that drug abuse related research training opportunities will be available.

APPLICATION REQUIREMENTS

An application for a Biomedical Center for Drug Abuse Research grant must include the following features:

Research Program - A detailed plan for the research program of the Center; must include specific information on plans of scientists to be affiliated with the Center as well as on the overall plans for the Center and be organized around a central theme; must include at least three components of interrelated studies to be conducted by scientists from molecular, genetic, immunological, endocrinological, neurological, behavioral, and/or environmental disciplines. The nature and mix of investigators will be dependent on the theme selected and the areas of strength of the institution. Each component should describe background, objectives, experimental design and methods and how the project will interrelate with other research center activities. A separate budget page for each component should be provided. Examples of possible central research themes include: molecular mechanisms related to individual variability of tolerance and dependence; neurobiology of pleasure and pain; new therapeutic strategies based on ligand interaction with molecular regulatory processes; mechanistic studies in exploring the environmental and social factors in drug seeking behavior in animals and effects on social interaction; brain-immune system interaction and the role of peptides as immune regulators; studies on the roles of behavioral, genetic and environmental (including nutritional) factors in the addictive process; research on new biological prevention strategies; endocrine concomitants of drug abuse and their potential role in pregnancy; multidisciplinary program studying inhalation of drugs utilizing neurological, biochemical, behavioral, pharmacological, and other appropriate disciplines. It should be reemphasized that these are but examples of centers.

Core Support: Applications should include a separate section devoted to core support. This should include a description of program management, integration, coordination, and communication among all components of the Research Center and a description of salaries and facilities for the Center Director and his administrative staff; support for promising investigators; support for pilot projects without independent support; support for facilities (e.g., laboratory space, equipment, research inpatient beds, tests) not contained in the individual research project budgets but shared by a number of research projects. Core support requirements vary widely and will depend upon the nature of the Center research and the collective needs of the investigators. These needs must be specifically identified and substantiated.

Organization and Administration: An applicant must designate an institutional official to serve as principal investigator for the Center grant and as Director of the Center. This person must be an experienced professional and must be an institutional official with sufficient authority to allocate space, manpower, and other resources. In the case of a university-based Center, such a person should usually be a dean or person of higher academic rank. The Director of the Center will have responsibility for planning and coordination of the Center program, preparation of the budget and oversight of expenditures, staff appointments, space allocation, and other aspects of administration and operation of the Center. The applicant also may designate a Scientific Director who will provide direct supervision of the scientific and operational aspects of the research. Such a person should be an individual who has eminent scientific credentials and who is capable of assuring collaboration among scientists conducting research within the Center in order to promote a concerted approach to the research theme. He/she also will be responsible for the direct monitoring of ongoing research activities. A Center must be an identifiable organizational unit and it must have an administrative structure and lines of authority which will facilitate coordination among Center personnel and assure maximum efficiency in Center operations.

Training: While the primary function of each Center is the conduct of research, an important component is the training of research and clinical personnel. The applicant institution must therefore demonstrate that it has the capacity to train predoctoral and/or postdoctoral students for careers in research on drug abuse problems, the capacity to conduct courses on drug abuse problems, the facilities and personnel to provide training in prevention and treatment; and the capacity to conduct programs of continuing education in the medical, legal and service fields. While the Center need not necessarily have formal training programs of its own, there must be specific provision for coordination between the Center and the training programs of the applicant institution and/or affiliated institutions. Center grant funds may not be used to pay stipends or other trainee costs; however, Center staff may participate in the development of training programs and Center resources may be made available for the use of trainees. Centers are encouraged to apply for research training grants provided by the National Service Award programs of ADAMHA.

TERMS AND CONDITIONS OF SUPPORT

Research Center grant funds may be used only for costs which are necessary to carry out the Research Center program and must be in conformance with HHS cost principles. Center grant funds may be requested for support of core resources and individual research projects associated with the Center program as provided for under HHS regulations. For the complete detailed text of this announcement, contact:

NIDA Grants Management Branch
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6710

Support will be provided for a period of up to five years (renewable to subsequent periods) subject to continued availability of funds and scientific/technical merit review. An amount for allowable indirect costs of the institution will be added to the direct costs of the grant award. Centers will be required to submit detailed annual progress reports (including substantive information about research results to date, status of ongoing research, research plans for the next year, and any modifications in long-term research plans). Grants will be administered in accordance with the PHS Grants Policy Statement (DHHS Publication No. (OASH) 82-50-000 GPO-017-020-0090-1 (rev.) December 1, 1982, available for $5.00 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402). Title 42 of the Code of Federal Regulations, Part 52, "Grants for Research Projects," is applicable to these awards. In addition, the applicant should be aware that portions of the regulations on Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR 2, may be relevant and applicable.

LETTER OF INTENT

In order to assist applicants in meeting program requirements, it is recommended that applicants submit a brief letter of intent to NIDA. The letter of intent should be submitted six weeks prior to the scheduled application receipt date to:

Dr. Marvin Snyder
Division of Preclinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-31
Rockville, Maryland 20857

APPLICATION PROCEDURES AND RECEIPT DATES

State and local government agencies should use form PHS-5161. All others should use form PHS-398. Application kits containing the necessary forms and instructions may be obtained from business offices or from:

Grants Management Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10-25
Rockville,Maryland 20857
Telephone: (301) 443-6710

The original and six copies of the application (two copies if using the PHS-5161 Form) should be sent to:

Application Receipt Office
Division of Research Grants, NIH,
5333 Westbard Avenue
Bethesda, Maryland 20205.

The receipt dates and review schedule are outlined in the formal announcement; the earliest receipt date is October 1, 1987. The initial review for scientific merit will emphasize two major aspects of the grant application: review of each major research component and the core unit, and review of the Center as an integrated research effort focused on a central theme.

The review criteria for major research components and core units include: scientific merit and significance of each research component and its relation to the central theme; technical merit and justification of the core; accomplishments for the projects and core unit to date, particularly for continuation applications; qualifications and percent of effort of the investigators responsible for the research components or core and their ability to devote adequate time and effort to the program; appropriateness of the budget; and where an application involves activities which could have an adverse effect upon humans, animals, or the environment, the adequacy for protecting against such effects.

The review criteria for the Center as an integrated effort include: significance of the overall research program; appropriateness of the central theme for a cooperative research effort; multidisciplinary scope and interrelation of the Center research components and core units; leadership and scientific stature of the Center Director; an effective number of experienced researchers; environment in which the research would be conducted, and the potential for interaction with other scientists; arrangement for quality control of ongoing research, the allocation of funds, day-to-day management; administrative structure; institutional support; appropriateness of the budget; training opportunities; and potential of the proposed Center to become a regional and national resource.

AWARD OF GRANTS

In Fiscal Year 1988 it is estimated that approximately $2 million will be available to support approximately 2 to 3 Centers under this announcement. However, the amount of funding available will depend on appropriated funds and program priorities at the time of award.

This program is described in the Catalog of Federal Domestic Assistance No. 13.279.

RESEARCH ON THE INTERACTION OF MENTAL DISORDER AND PHYSICAL ILLNESS IN LATE LIFE

P.T. 34; K.W. 0710010, 0715095, 0404000, 0411005

National Institute of Mental Health
National Institute on Aging

The National Institute of Mental Health and the National Institute on Aging announce the availability of support for Research on the Interaction of Mental Disorder and Physical Illness in Late Life, MH-87-13. Applications should focus on the generation of cognitive, behavioral, and social risk factors, causes, correlates, and consequences of major chronic and/or acute physical disorders in the elderly. Studies are also invited which focus on the impact of these interacting factors on the rehabilitation process, recovery from illness or relapse, need for institutional care, and/or premature mortality. Applications in response to this announcement will be accepted in accordance with the usual Public Health Service receipt dates for new applications. Potential applicants are encouraged to contact Institute staff, preferably in writing by submitting a one- or two-page description of the research planned to:

NIH LIBRARY
3 1496 00248 4940

Nancy E. Miller, Ph.D.
Mental Disorders of the Aging Branch
Division of Clinical Research
National Institute of Mental Health
5600 Fishers Lane, Room 11-C-03
Rockville, Maryland 20857
Telephone: (301) 443-1185

Fred Altman, Ph.D.
Health and Behavior Research Branch
Division of Basic Sciences
National Institute of Mental Health
5600 Fishers Lane, Room 11-C-06
Rockville, Maryland 20857
Telephone: (301) 443-4337

Marcia G. Ory, Ph.D., M.P.H.
Behavioral Science Research
National Institute on Aging
Behavioral Science Research
National Institute on Aging
Building 31-C, Room 4-C-32
Bethesda, Maryland 20892
Telephone: (303) 496-3136

U.S. G.P.O. 1987-181-289:40041

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be kept informed of opportu
requirements, and changes in extra
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NOTICES

HERPESVIRUS SIMIAE ALERT

P.T. 16, 34; K.W. 0715125, 0785165

Division of Research Resources

NIH has learned that two confirmed clinical cases of Herpesvirus simiae (B-virus) encephalitis, a generally fatal disease in humans, have occurred among caretakers working with rhesus monkeys at a U.S. research institution. The disease reportedly was acquired through contact with a colony-born rhesus monkey that was under treatment for bilateral conjunctivitis. The Centers for Disease Control (CDC) presently is investigating the cases and will issue a summary report that will appear in "Morbidity and Mortality Weekly Report" when the investigation is complete. In the meantime, CDC recommends that the precautions recommended on page 63 in the CDC NIH Publication (HHS Publication No. (CDC) 84-8395) "Biosafety in Microbiological and Biomedical Laboratories" continue to be observed by personnel working with nonhuman primates, especially macaques and other Old World species where exposure to Herpesvirus simiae is a possibility.

DIRECT SUBMISSION OF NUCLEIC ACID AND PROTEIN DATA TO GENBANK, PROTEIN IDENTIFICATION RESOURCE, AND PROTEIN DATA BANK

P.T. 36; K.W. 0755045, 0760070

National Institute of General Medical Sciences

The biological databases providing nucleic acid and protein data are expected to grow rapidly in the next few years. Those supported by NIH in collaboration with NSF, DOE, and USDA are: GenBank--the nucleic acid sequence database; Protein Identification Resource--the protein sequence database; and the Protein Data Bank--a repository of crystallographic coordinates and structure factors of macromolecules. In order that these databases remain current with the information appearing in the literature, it has become necessary to ask authors to submit their sequence or structure data directly to the appropriate database as soon as the data have been accepted for publication by a journal. Authors who do so will, in addition to ensuring that the database is kept up-to-date, be pleased to see that their data will appear in the database soon after submission.

To facilitate the submission of data, the investigator is encouraged to contact the appropriate database for information as indicated below:

GENBANK:

GenBank will provide data request forms. To obtain forms, authors may call GenBank at (505) 667-7510. They may also contact GenBank on BITNET/ARPANET at GENBANK@LANL.GOV or GENBANK on the Bionet mail system.

Those interested in obtaining copies of the database or who need general information should contact Bolt, Beranek and Newman at (617) 497-2742.

PROTEIN IDENTIFICATION RESOURCE (PIR):

Protein sequence data can be submitted as clean copy or on a magnetic tape. Investigators who are unfamiliar with the PIR format or would like additional information should contact the the PIR data acquisition manager at (202) 625-2121. The database may also be contacted on Bitnet at PIRMAIL@GUMBRF.

PROTEIN DATA BANK:

The Protein Data Bank accepts data from investigators in machine readable form (e.g., magnetic tape). A data deposition form can be obtained by calling the Brookhaven National Laboratory at (516) 252-4382.

NIH/FDA REGIONAL WORKSHOP - PROTECTION OF HUMAN SUBJECTS

P.T. 42; K.W. 0783005

National Institutes of Health
Food and Drug Administration

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) are continuing to sponsor a series of workshops on responsibilities of researchers, Institutional Review Boards (IRBs), and institution officials for the protection of human subjects in biomedical and behavioral research. The workshops are open to everyone with an interest in research. The meetings should be of special interest to those persons currently serving or about to begin serving as a member of an IRB. The current schedule includes:

Date: October 1-2, 1987

Location: San Antonio, TX

Contact:

Sue Hoppe, Ph.D.
University of Texas
Health Science Center
7703 Floyd Curl Drive
San Antonio, TX 78284
Telephone: (512) 567-2350

Additional workshops will be announced later. For further information regarding education programs contact:

Darlene M. Ross
Education Program Coordinator
Office for Protection from Research Risks
National Institutes of Health
Building 31, Room 4B09
Bethesda, Maryland 20892
Telephone: (301) 496-8101

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

DEVELOPMENT AND IMPLEMENTATION OF MECHANISTICALLY-ORIENTED ANTI-HIV DRUG PRESCREENS--SOURCES SOUGHT

ANNOUNCEMENT NO. NCI-CM-87234-29

P.T. 34; K.W. 0740020, 1002045, 0755010

National Cancer Institute

The National Cancer Institute is planning to award multiple contracts for development and implementation of mechanistically-oriented anti-HIV drug prescreens. These contracts will address various aspects of the viral life-cycle which may be exploited as therapeutic targets. Infection of susceptible human cells by human immunodeficiency virus (HIV), the etiologic agent of acquired deficiency syndrome (AIDS), has been shown to involve a series of steps common to other retroviral infections, i.e. binding of viral particles to cellular receptors, internalization of the virus, transcription of viral RNA into DNA via the viral enzyme reverse transcriptase, integration of the viral DNA transcript into host chromosomal DNA, and subsequent transcription of viral DNA resulting in the synthesis and release of new infective virions. These steps offer multiple possibilities for the development of new agents useful for therapeutic purposes. To date, efforts have centered on development of drugs which inhibit the viral reverse transcriptase enzyme and/or which can be shown to directly inhibit viral cytopathic effects in vitro. Other biochemical/molecular systems besides reverse transcriptase have received relatively little attention and none has been the focus for a large-scale screening program.

In order to accomplish an effort of this nature, any organization responding to this announcement must have the capability to develop and evaluate drug screening assays which address biochemical/molecular targets relevant to identification of compounds with potential anti-HIV activity. Work should be directed towards development of screening assay methodology which can be implemented on a scale suitable for testing at least 10,000 unknown materials annually. Following the demonstrated feasibility of proposed assay methods, the organization must be capable of implementing a large-scale mechanistically-oriented prescreen capable of testing at least 10,000 unknown materials annually. Firms, individuals, or organizations should indicate their interest in developing and implementing a mechanistically-oriented prescreen by responding no later than May 29, 1987.

Respondents should briefly describe proposed assay methods and broad capabilities in a non-proprietary fashion and indicate their experience and expertise in these areas. This announcement is to solicit expressions of interest and information for purposes of program planning. It does not constitute an RFP and is not to be construed as a commitment by the Government. Responses will be used to establish a source list for solicitation.

All respondents will receive copies of any solicitations resulting from this announcement. Submit written responses to the attention of:

Clyde Williams
Contracting Officer
Treatment Contract Section
Research Contracts Branch, NCI
Blair Building, Room 224
Bethesda, Maryland 20892
Telephone: (301) 427-8737

PRIMARY PREVENTION TRIAL OF BARRIER CONTRACEPTIVES AGAINST HTLV-III INFECTION - SUBCONTRACTING SOURCES SOUGHT

P.T. 34; K.W. 0715125, 0750020, 0755015

National Institute of Child Health and Human Development

The University of California, Los Angeles (UCLA), under prime contract No, N01-HD-6-2934 with the National Institute of Child Health and Human Development, NIH, is seeking sources worldwide, to participate in a pilot randomized clinical trial of barrier contraceptives against Human Immunodeficiency Virus (HIV) infection.

The objectives of the trial will be to demonstrate: 1) The successful deployment, acceptance and use of a maximum barrier regimen, consisting of condoms plus spermicide, in a high risk heterosexual population; 2) the medical safety of the spermicidal agent; and, if possible, 3) the efficacy of the maximum barrier regimen measured by the relative risk of seroconversion in maximum barrier users compared to non-users or users of other products.

The offeror must be capable of providing a stable, high risk heterosexual target population, consisting of high risk men, women or couples with some history of current or past contraceptive use or the likely prospect of future use of barrier contraceptives. A high risk population shall have a 10-50 percent prevalence of HIV infected persons or an annual incidence of HIV infection greater than 5 percent per year. A stable population shall be non-mobile; i.e. available for 3-month periodic follow-ups over 12-24 months. The proposed study population must consist of at least 200-400 non-users of intravenous drugs per risk group, depending on the projected incidence of the disease, and shall be located in a city or an area which has reliable and rapid communications via telephone and airlines with Los Angeles, California. Administration of the pilot study will require the following: 1) a competent and willing local investigator, thoroughly familiar with the culture of the country in which the target population resides; 2) availability of a competent staff to provide health screening, interview and follow-up, and collection of specimens; 3) a laboratory which can separate cells from serum and plasma, aliquot specimens for storage, and freeze specimens at -20 C for rapid transport to Los Angeles, California.

All respondents should provide descriptions of: 1) Background and research interests and experience of the local investigator(s); 2) Backgrounds of potential staff members, by name, training, or experience histories, 3) Laboratory capabilities. Where applicable, the statement of capabilities should include mention of on-site or local facilities capable of further processing specimens for ELISA testing of HIV antibody, Western blot testing, counts of CD-4 and CD-8 T-cell subsets, and serologic and isolation studies of CMV, EBV, HSV-2, and Hepatitis-B; 4) Local or regional availability of contraceptive products, family planning services, or other evidence that study populations will be willing to use barrier contraceptives for themselves and their partners given proper documents; 5) Local, regional, or national interest in AIDS study, prevention, or treatment.

This announcement is not a request for proposals (RFP) and responses should not contain pricing or budgetary information. Organizations that believe they can meet the requirements of this project should submit five (5) copies of their capability statement, citing Synopsis No. NICHD-87-04, to each of the following addresses by C.O.B. June 8, 1987:

Paul J. Duska, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

Dr. Roger Detels, ABC Study Principal Investigator
UCLA School of Public Health
Center for Health Sciences, 73-265
Los Angeles, California 90024

SYNTHESIS OF CONGENERS AND PRODRUGS OF ANTI-AIDS COMPOUNDS

RFP AVAILABLE: NCI-CM-87216-16

P.T. 34; K.W. 0740020, 0755025, 1003012

National Cancer Institute

The Drug Synthesis And Chemistry Branch (DS&CB), of the Developmental Therapeutics Program (DTP), of the Division of Cancer Treatment (DCT), of the National Cancer Institute (NCI), National Institutes of Health (NIH), has a requirement for contractors with chemical synthesis and drug design expertise to synthesize a variety of compounds for evaluation as potential anti-AIDS agents.

The assigned objectives of this project will be: (a) to design and synthesize congeners and prodrugs and other compounds with confirmed activity; (b) to design and synthesize prodrugs and other compounds that possess elements of both congener and prodrug; (c) to synthesize compounds related to products of natural origin and other related heterocycles; and (d) to synthesize anti-sense nucleic acids.

Each contractor should have available a fully operational facility, including all necessary equipment and instrumentation for all aspects of the contract.

The nature of this project requires that the following restrictions be applied:

The NCI signs legally binding agreements with certain suppliers (often pharmaceutical or chemical companies) which state that all information on compounds submitted by the supplier will be held confidential. The successful offeror will be expected to synthetically modify such commercially confidential (discreet) materials. Thus, pharmaceutical or chemical companies could obtain valuable data on new lead compounds. Therefore, in order to honor the confidentiality agreement with the supplier, the NCI believes that the compounds cannot be sent to potential competitors of the supplier and, thus, pharmaceutical and chemical companies must be excluded from the competition.

Request for Proposal (RFP) NO. NCI-CM-87216-16 will be issued on or about June 3, 1987, and proposals will be due approximately six weeks thereafter(on or about July 20, 1987.). To expedite requests for solicitation, please furnish three self-addressed labels with your request. The contract period is to be three years, beginning approximately April 1, 1988, at a level of effort of approximately 6,650 hours/year/contract period. Three cost-reimbursement contracts are expected to be awarded.

Copies of the RFP NO. NCI-CM-87216-16 may be obtained by sending a written request to:

Patricia L. Shifflett
Contract Specialist
Treatment Contracts Section, Research Contracts Branch
National Cancer Institute
Blair Building, Room 216
Bethesda, Maryland 20892

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS--CENTRAL BLOOD ANALYSIS LABORATORY

RFP AVAILABLE: NIH-NHLBI-HC-87-05

P.T. 34; K.W. 0750010, 0715040, 0715200

National Heart, Lung, and Blood Institute

The Epidemiology and Biometry Research Program, DECA, NHLBI, seeks a Central Blood Analysis Laboratory for a project in which four field centers will recruit, examine, and follow a total of 5000 men and women (1250 in each center) aged 65 to 84 years at the baseline examination in a prospective study of coronary heart diseases and stroke. The Central Blood Analysis Laboratory will develop a protocol for collection of blood samples at the four field centers; will perform precise measures of lipids and apolipoproteins (apo's for case-control study only), hemostasis factors, insulin, glucose; and will provide quality control of blood collection at the field centers and of measurements in the blood laboratory itself.

In addition to this RFP for the Central Blood Analysis Laboratory, a separate RFP will be announced when it becomes available for the Ultrasound Reading Center. RFPs for the Field Centers, Coordinating Center, and Echocardiography Reading Center have already been announced.

RFP NHLBI-HC-87-05 for the Central Blood Analysis Laboratory will be available on or about July 6, 1987, with proposals due approximately September 4, 1987. One award is anticipated. Your written request should include three mailing labels, self-addressed, and must cite RFP No. NHLBI-HC-87-05.

Requests for copies of the RFP should be sent to:

Betty Nordan
Contracting Officer for Epidemiology and
Biometry Research Program,
ECA Contracts Section
National Heart, Lung, and Blood Institute
Federal Bldg., Room 3C16
Bethesda, Maryland 20892

SEXUALLY TRANSMITTED DISEASES RESEARCH UNITS

RFA AVAILABLE: 87-AI-20

P.T. 34; K.W. 0715220, 0785055, 1002027, 0745020, 0745055, 0415000

National Institute of Allergy and Infectious Diseases

Application Receipt Date: November 16, 1987

BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for program project grants to be initiated during FY1988 for a continuing program of research on Sexually Transmitted Diseases (STD) but excluding acquired immunodeficiency disease syndrome (AIDS).

RESEARCH GOALS AND SCOPE

The goal of the program is to encourage investigators to undertake research that will provide the clinical, epidemiological and microbiological information needed for the eventual control of sexually transmitted diseases. The NIAID wishes to broaden the scope of its program of research in this area so that the knowledge gained may be applied to improvement in the means of prevention, diagnosis, and therapy of these infections.

As one means of achieving the stated goals, the NIAID proposes to maintain support of a number of STD Research Units. These units are funded as program project grants, function as centers of excellence in STD research and serve as foci for research and training. The research to be considered for emphasis in this program can be on any or on all of the STDs that are currently recognized as significant public health problems with the exceptions of AIDS and ectoparasites. A strong clinical component should be a major part of the program project application. Several istinguishing characteristics that must be considered in developing these applications for STD Research Units and the specific areas of research being encouraged are detailed in the full RFA.

Only institutions with demonstrated expertise in both clinical and basic sciences and with strong ongoing research programs and resources that can focus on a multidisciplinary and multifaceted team effort to study in depth STD infections will be considered for program project support under the provisions of this program.

MECHANISM OF SUPPORT

Eligibility: Domestic universities, medical colleges, hospitals, laboratories and other public or private research institutions, including State and local governmental units, are eligible.

Length of Support: The project can be supported up to a maximum of five years without additional competition contingent upon availability of funds.

Expected Number of Awards: Competition is open for three (3) program projects in STD research. Three currently funded STD Research Units will be competing for renewal of their support. Support for each STD Research Unit is estimated at $350,000 to $450,000 per year, direct costs.

APPLICATION PROCEDURES

All applications in response to this RFA must be submitted on Application Form 398. The RFA label available from the NIAID contact person listed below must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

All inquiries and requests for the full text of this RFA should be directed to:

William P. Allen, Ph.D., Chief
Bacteriology and Virology Branch, MIDP
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 738
Bethesda, Maryland 20892
Telephone: (301) 496-7728

It is strongly suggested that interested investigators submit a letter of intent by September 30, 1987 to the Institute contact person. This letter should include a descriptive title of the proposed program project and indivudual subprojects and the names of the proposed program director and subproject investigators. The letter is not mandatory and is not binding; it will not enter into the review of any application subsequently submitted.

MECHANISMS OF ACTION OF THE DRUG CYCLOSPORINE

RFA AVAILABLE: 87-AI-19

P.T. 34; K.W. 0740025, 0710070, 0745040, 0745065, 0760075, 0710100

National Institute of Allergy and Infectious Diseases

Application Receipt Date: September 15, 1987

BACKGROUND INFORMATION

Cyclosporine A (CsA) has been used for several years to suppress allograft rejection in patients receiving organ transplants. The use of cyclosporine is reported to be of major importance in improving the survival of kidney, liver, heart, bone marrow and pancreas transplants. This agent appears to have selective rather that broad spectrum activity. However, the exact mechanism of its action is unknown. Helper T lymphocytes appear to be the main target of CsA action. Controversial claims suggest that CsA affects T or B lymphocytes or both, and that it affects the balance of immunoregulatory cells.

Despite the growing importance of CsA in organ transplantation, toxicity episodes, especially to the kidney, continue to be a major limitation. Long term effects of cyclosporine treatment have not been fully elucidated with respect to increased susceptibility to infection or increased development of malignancies.

RESEARCH GOALS AND SCOPE

The National Institute of Allergy and Infectious Diseases (NIAID) is soliciting investigator-initiated research grant applications that are designed to increase knowledge and understanding of the mechanism of cyclosporine's immunosuppressive action and elucidate its side effects.

1 The nature of cellular receptor sites, cell specificity T and B lymphocyte interactions and subcellular mechanisms that might be involved in the mode of action of the drug.
2 The influence of genetic differences on CsA action.
3 Immunosuppressive properties of CsA.
4 Pathogenetic and biochemical mechanisms of nephrotoxocity.
5 Development of a drug that can modify or eliminate toxicity of CsA.
6 Pharmacodynamic interactions between CsA and other agents.
7 Studies on long term effects of cyclosporine.

MECHANISMS OF SUPPORT

The mechanism of support will be the traditional research project grant. Policies that govern research grant programs of the National Institutes of Health will prevail. The award of grants pursuant to this RFA is contingent upon receipt of proposals of high scientific merit and the availability of appropriated funds. In fiscal year 1988, the NIAID plans to fund at least two new awards in response to this RFA.

METHOD OF APPLYING

Use the standard research grant application form PHS 398. For purposes of identification and processing, the words "MECHANISMS OF ACTION OF THE DRUG CYCLOSPORINE" should be typed in item 2 on the face page of the application and a brief covering letter should be attached indicating submission is in response to the NIAID accouncement. The original and five copies of the application should be submitted to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

The RfA label obtained from the NIH staff person named below must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

STAFF CONTACT

A more detailed RFA may be obtained from:

Dr. Jane S. Schultz
Chief, Genetics and Transplantation
  Biology Branch, IAIDP
National Institute of Allergy
  and Infectious Diseases
Westwood Building, Room 754
Bethesda, Maryland 20892
Telephone: (301) 496-5598

URGICAL ONCOLOGY RESEARCH TRAINING GRANTS (T32)

P.T. 44; K.W. 0785140, 0785210

National Cancer Institute

Application Receipt Date: September 10, 1987

Surgical Oncology Research Training grant applications (T32) are invited by the National Cancer Institute. There is but one receipt date per year, namely September 10. Applications received by September 10, 1987 will be reviewed for scientific merit by an ad hoc review group based in the National Cancer Institute's Division of Extramural Activities and by the National Cancer Advisory Board. These reviews will be completed in time to permit funding by July 1, 1988. Interested parties should contact the person indicated below for a copy of the guidelines.

Program Director
Surgical Oncology Research Training
Cancer Training Branch, CCSP,
Division of Cancer Prevention
and Control
National Cancer Institute, NIH
Blair Building, Room 428
9000 Rockville Pike
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8866, 427-8855 or 427-8898

ONGOING PROGRAM ANNOUNCEMENTS (PAs)

CANCER EDUCATION GRANTS (R25) (PA)

P.T. 34; K.W. 0502000, 0502028, 0745055

National Cancer Institute

The National Cancer Institute announces the resumption of competition for Cancer Education Grants (R25), but under new guidelines. Any institution wishing to compete should request a copy of the guidelines from the office listed below.

The new grant has three major aspects, namely:

1 Multiyear training in the interventive practice of chronic disease prevention and control (with a focus on cancer), such training to lead to a degree such as the Doctor of Public Health;

2 Support for up to five years for the development of nutrition curricula for the aforementioned schools, again with an emphasis upon the prevention and control of chronic diseases, especially cancer; and

3 Summer research experience support for students in schools of medicine, dentistry, nursing, public health and allied health.

An applicant may seek support for one or more of these three projects. The receipt dates for applications shall be October 1, February 1, and June 1 each year until further notice. Applications received by October 1, 1987 shall be fundable on or about July 1, 1988. In that fiscal year (1988) it is anticipated that the program will have sufficient funds to support summer student activities at a reduced level; support up to three or four new training projects in disease prevention and control; and support up to seven nutrition curriculum projects. At this time it is impossible to estimate the amount of money which will be available for new starts in FY 1989.

Please address inquiries to:

Program Director
Cancer Training Branch, CCSP,
Division of Cancer Prevention
and Control
National Cancer Institute, NIH
Blair Building, Room 428
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8866 or 427-8855

This program is described in the Catalog of Federal Domestic Assistance No. 13.398, Cancer Research Manpower. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and Section 403 (42 USC 284) and administered under PHS Grant Policies and Federal Regulations, most specifically at 42 CFR Part 52 and 42 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or to Health Systems Agency review.

MINORITY PARTICIPATION IN BIOMEDICAL RESEARCH (PA)

P.T. 34, FF; K.W. 0715085, 0715075, 0715135

National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Diabetes and Digestive and Kidney Diseases

The Health and Human Services Secretary's Task Force on Black and Minority Health was charged with investigating the health problems of Blacks, Native Americans, Hispanics and Asian/Pacific Islanders. In addition to specific recommendations in a variety of areas, the Task Force emphasized the need for continued research and analysis to increase the base of scientific knowledge about factors that put minorities at greater risk for illness and death.

The National Institute of Arthritis and Musculoskeltal and Skin Diseases and the National Institute of Diabetes and Digestive and Kidney Diseases recognize the continuing, significant difference between the health of racial/ethnic minorities in the United States and the general population. In order to reduce the minority health disparity, these Institutes seek to stimulate research on both acute and chronic diseases in minority populations. This Program Announcement complements other ongoing activities to increase minority participation in biomedical research supported by these Institutes.

A variety of support mechanisms are available. For further information about the appropriate mechanism, contact:

Steven J. Hausman, Ph.D.
Deputy Director, Extramural Activities Program
National Institute of Arthritis and Musculoskeletal and
Skin Diseases
Westwood Building, Room 403C
Bethesda. Maryland 20892
Telephone: (301) 496-7495

Lois F. Lipsett, Ph.D.
Chief, Special Programs Branch
Division of Diabetes, Endocrinology, and Metabolic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 620
Bethesda, Maryland 20892
Telephone: (301) 496-7433

Charles Rodgers, Ph.D.
Director, Urology Program
Division of Kidney, Urologic, and Hematologic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 609C
Bethesda, Maryland 20892
Telephone: (301) 496-7574

Ralph L. Bain, Ph.D.
Director, Digestive Diseases Centers Program
Division of Digestive Diseases and Nutrition
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 3A15
Bethesda, Maryland 20892
Telephone: (301) 496-9717

These programs are described in the Catalog of Federal Domestic Assistance Nos. 13.846, 13.847, 13.848, and 13.849. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS Grant Policies and Federal Regulations, most specifically at 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to Health Systems Agency review.

RESEARCH ON CARDIOPULMONARY DISORDER OF SLEEP (PA)

P.T. 34; K.W. 0715040, 0715165, 0710100, 0705065, 1002019, 0785055

National Heart, Lung, and Blood Institute

The Division of Lung Diseases (DLD) of the National, Heart, Lung, and Blood Institute (NHLBI) encourages the submission of research grant applications related to basic and clinical research on cardiopulmonary disorders during sleep.

BACKGROUND

Cardiopulmonary disorders during sleep and particularly the sleep apnea syndrome, are now recognized as common clinical disorders that can range in severity from mild abnormalities in blood oxygen saturation, fragmented sleep, and mild daytime drowsiness to severe hypersomnolence, extreme hypoxia, and potentially life threatening cardiopulmonary failure. The hallmark of the syndrome is excessive daytime sleepiness and diminished quality of life during daytime. The prevalence of sleep apnea syndrome in this country is largely unknown; however, data from population studies suggest a prevalence of approximately 2 to 4 percent of the general population, and a considerably higher incidence among those who are obese or hypertensive. Research on these disorders has increased steadily, and basic research is rapidly becoming relevant to clinical problems and treatment.

RESEARCH GOALS AND SCOPE

The goal of this program announcement is to stimulate a multidisciplinary approach to integrate basic sleep research, as it relates to the heart and lungs, to recognizable clinical cardiopulmonary disorders of sleep.

The research scope of this program is broad and will encompass a wide spectrum of basic and clinical research disciplines including aspects of pulmonary medicine, cardiopulmonary physiology, pharmacology, sleep physiology, biochemistry, molecular biology, genetics, and epidemiology. Thus, grant applications are invited on topics that may range from fundamental research on the pathophysiology of sleep disordered cardiopulmonary function to clinical studies on the diagnosis, treatment, management, prevention and natural history of cardiopulmonary sleep disorders, including the relationship between hypertension and overall cardiovascular dysfunction in patients with clinical cardiopulmonary sleep disorders. Some examples of relevant research areas are given below, but applications are not limited to these topics.

1 Neural control of respiration during sleep

The events that initiate, terminate and regulate the duration of an apneic event are currently unknown. It has been reported that respiratory modulated neuronal activities are depressed by quiet sleep; however, many neurons are relatively unaffected by sleep. Additional studies are needed using chronically instrumented, non-anesthetized preparations during physiologic sleep to define the role of the CNS in control of respiration during sleep. Other major questions on CNS control of breathing during sleep include the origin of the wakefulness stimulus, separation of the effects of respiratory from non-respiratory neurons, and differentiation of respiratory neural activation on chest wall versus upper airway motor neurons. What role do the CNS mechanisms which produce sleep have in the pathogenesis of cardiopulmonary disturbances during sleep?

2 Pharmacology

A number of studies are underway on the basic question of the neurochemical agents responsible for sleep. However, virtually nothing is known concerning the effects of these putative sleep modulations on respiratory neurons, nor has any attention been given to the link between sleep apnea and any of these neurochemicals. The neurochemical agents responsible for sleep may have relevance for treatment of clinical cardiopulmonary sleep disorders.

3 Respiration and Metabolism

There are a number of unresolved questions related to the regulation of the pharyngeal airway, the pharmacology of the upper airway, and the structural changes of the bony and soft tissue structures of the upper airway in obstructive sleep apnea that hold considerable promise for future research. Studies are needed to identify the primary site of obstruction and if it varies within or between subjects, and if useful information can only be obtained during sleep, or whether quantitative anatomic measures during wakefulness can be related to events in sleep. Studies are also needed to develop useful animal models for the obstructive sleep apnea syndrome. Studies investigating the mechanisms through which increased body weight contributes to development of sleep disordered breathing, and the link between body weight, upper airway anatomy and sleep apnea need clarification. Lastly, studies of gender/sex hormone effects aimed at explaining the male predominance of sleep disordered breathing might produce information with therapeutic implications.

4 Genetics and Molecular Biology

Sleep apnea syndrome has been shown to exhibit familial clustering. Whether there is specific genetic basis for these observations is unknown. However, well documented disturbances of sleep that are clearly hereditary pave the way for molecular biologists to examine cellular receptors, specific proteins, and possible identify gene abnormalities.

5 Cardiovascular Function

A number of clinical and physiological observations have pointed to a link between respiratory disorders during sleep and systemic hypertension. It has been estimated that some 60-80 percent of patients with sleep apnea have hypertension. However, there have been no rigorous cardiovascular studies that have been undertaken to investigate this relationship. For example, what aspect of sleep disturbance produces hypertension, and does sleep fragmentation or sleep deprivation produce hypertension? It is also of interest that many cardiovascular diseases have diurnal variation. For example, strokes and myocardial infractions have been shown to occur mostly in the early morning hours. Is there any casual relationship between sleep states, respiratory, and circulatory dynamics, which act in concert to trigger these fatal events?

6 Epidemiology

Epidemiologic studies of patients who develop cardiopulmonary disorders of sleep are badly needed since the natural history of the sleep apnea syndrome is largely unknown. In addition, there is no clear distinction between pathologic and physiologic respiratory abnormalities, nor is there a clear relationship between objective measures of disordered breathing, sleep disturbance, and morbidity or mortality. Further studies are needed to explore these questions to define natural history and delineate clinical implications of sleep findings.

MECHANISM OF SUPPORT

The support mechanism for grants in this area will be the traditional investigator-initiated research grant. Applications submitted in response to this announcement will be brought to the attention of the National Heart, Lung, and Blood Advisory Council and will receive special consideration for support by the NHLBI. The Institute considers this the first phase in our long range plans to build a program in cardiopulmonary sleep research, which includes the possibility of announcing a new specialized centers of research program in cardiopulmonary disorders of sleep in the future. Institute staff would be willing to visit prospective programs to discuss development of research related to cardiopulmonary disorders of sleep. Interested persons are urged to contact program staff for information related to this announcement.

APPLICATION AND REVIEW PROCEDURES

The receipt dates for applications submitted in response to this announcement are October 1, February 1, and June 1. Applicants should use the regular research grant application Form PHS 398, which is available at most institutional business offices or the Division of Research Grants (DRG), NIH.

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants by the Division of Research Grants. Review criteria include the significance and originality of the research goals and approaches; feasibility of the research and adequacy of the experimental design; research competence; adequacy of available facilities; provisions for the humane care of animals and human subjects, and appropriateness of the requested budget relative to the work proposed. Funding decisions will be based on Initial Review Groups' recommendations, and special consideration by the National Heart, Lung, and Blood Advisory Council. Secondary review for applications assigned other institutes would be by the appropriate National Advisory Council.

To identify responses to this announcement check "yes" and put "Research on Cardiopulmonary Disorders of Sleep" under item 2 of page 1 of those grant applications relating to the topics identified herein.

he original and six copies of the application should be
ailed to the following address:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

The DRG will assign applications for review according to the NIH process for research grant applications.

For further information applicants may contact:

James P. Kiley, Ph.D.
Structure and Function Branch
Division of Lung Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 6A07
Bethesda, Maryland 20892
Telephone: (301) 496-7171

This program is described in the Catalog of Federal Domestic Assistance No 13.838, Lung Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 73-410, as amended; 43 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to Health Systems Agency review.

** THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE STREET ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816

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P.T. 34,16; K.W. 0201011, 0783005

National Institutes of Health

The May 24 "Federal Register" (Vol. 52, No. 58) contains the final rule revising two PHS clauses, "Protection of Human Subjects" (PHS 352.280-1) and "Care of Live Vertebrate Animals" (PHS 352.280-2). The changed clauses give the Contracting Officer the right, upon determining that a Contractor is not in compliance with the requirements of each respective clause, to immediately suspend work and further payments until the noncompliance is corrected. Should the noncompliance remain uncorrected, the Contracting Officer may terminate the contract. The exact wording of each added paragraph is set forth below:

PHS 352.280-1, PROTECTION OF HUMAN SUBJECTS

"(c) If at any time during performance of this contract, the Contracting Officer determines, in consultation with the Office for Protection from Research Risks (OPRR), National Institutes of Health (NIH), that the Contractor is not in compliance with any of the requirements and/or standards stated in paragraphs (a) and (b), above, the Contracting Officer may immediately suspend, in whole or in part, work and further payments under this contract until the Contractor corrects such noncompliance. Notice of the suspension may be communicated by telephone and confirmed in writing. If the Contractor fails to complete corrective action within the period of time designated in the Contracting Officer's written notice of suspension, the Contracting Officer may, in consultation with OPRR, NIH, terminate this contract in whole or in part, and the Contractor's name may be removed from the list of those Contractors with approved Health and Human Services Human Subject Assurances."

PHS 352.208-2, CARE OF LIVE VERTEBRATE ANIMALS

"(d) If at any time during performance of this contract, the Contracting Officer determines, in consultation with the Office for Protection from Research Risks (OPRR), National Institutes of Health (NIH), that the Contractor is not in compliance with any of the requirements and/or standards stated in paragraphs (b) and (c), above, the Contracting Officer may immediately suspend, in whole or in part, work and further payments under this contract until the Contractor corrects such noncompliance. Notice of the suspension may be communicated by telephone and confirmed in writing. If the Contractor fails to complete corrective action within the period of time designated in the Contracting Officer's written notice of suspension, the Contracting Officer may, in consultation with OPRR, NIH, terminate this contract in whole or in part, and the Contractor's name may be removed from the list of those Contractors with approved Health and Human Services Human Subject Assurances."

AVAILABILITY OF FISH OIL TEST MATERIALS

P.T. 36; K.W. 0780000, 1003016

National Institutes of Health

SUMMARY AND PURPOSE

There is a growing body of evidence that beneficial effects may be derived from components which exist in seafood or fish oils such as the omega-3 polyunsaturated fatty acids (PUFA). Proper evaluation of such components requires that specific test materials be made available to qualified researchers in adequate amounts and of consistent quality.

In December 1986 a Memorandum of Understanding was signed by the Directors of the National Institutes of Health and the Alcohol, Drug Abuse, and Mental Health Administration and the Administrator of the National Oceanic and Atmospheric Administration, Department of Commerce, wherein they agreed to cooperate on a Fish Oil Test Material Program. Congress had previously allocated funds to the National Marine Fisheries Service, DOC, in order to provide for the production of fish oil test materials.

TEST MATERIALS CURRENTLY AVAILABLE - soft gel capsules of:
- Purified, steam-stripped menhaden oil
- Commercial preparations of olive, corn and safflower oil

All capsules are 1 gram, opaque and are packaged, 100 capsules per brown glass bottle (each bottle with an internal plastic seal under the screw-cap lid), 12 bottles per shelf-pack, 3 shelf-packs per master case. The fish oils and placebos are packaged identically, and are currently being stored at 5 degrees C. To each kilo of steam stripped fish oil, 1 gm of Tenox 20A (20% TBHQ, 3% citric acid, 30% corn oil, 32% glycerol monooleate, 15% propylene glycol) was added prior to encapsulation. Nitrogen was not used during the preparation/packaging processes. No antioxidant was added to the placebos. Materials will be supplied with actual lot analysis.

TEST MATERIALS AVAILABLE IN THE FUTURE: Concentrates of omega-3 fatty acids from menhaden oil, purified ethyl esters of eicosapentaenoate (20:5w3) and docosahexaenoate (22:6w3) and synthetic deuterated fatty acids are materials planned for production.

INQUIRIES AND APPLICATIONS

Active investigators may apply for available materials to be used for relevant studies by requesting an application form from:

Fish Oil Test Materials Program
Nutrition Coordinating Committee Office
Building 31, Room 4B63
National Institutes of Health
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

BREAST AND OTHER CANCERS FOLLOWING X-RAYS FOR SCOLIOSIS

RFP AVAILABLE: NCI-CP-71107-13

P.T. 34; K.W. 0715035, 0785055, 0404021

National Cancer Institute

The Radiation Epidemiology Branch of the Division of Cancer Etiology, National Cancer Institute, National Institutes of Health, is soliciting proposals from qualified firms to provide the necessary resources to conduct a study on breast and other cancers following x-rays for scoliosis. A feasibility study of cancer morbidity and mortality among scoliotics was initiated in 1983 at four hospitals in Minneapolis-St. Paul, Minnesota. The objectives of the feasibility study were to determine if medical records were available for persons diagnosed with scoliosis between 1935 and 1965, to evaluate the quality of information contained in the medical records, to develop and pretest a medical record abstract form, to identify and tabulate the radiological records for all diagnostic x-rays taken during the course of monitoring scoliosis, to estimate the radiation doses to the breast using data from the radiation records or actual films, to trace and locate patients, and to conduct a mail questionnaire survey. The pilot study was carried out in collaboration with the Scoliosis Research Society.

The objectives of this competition are to obtain managerial, technical, and clerical support services for an expanded epidemiologic followup study of patients treated for scoliosis. In order to obtain sufficient numbers, it will be necessary to enlist subjects from approximately eight different centers across the United States. Emphasis shall be on breast, leukemia, lung and thyroid cancers.

RFP NO. NCI-CP-71107-13 will be available on or about June 10, 1987. Proposals will be due approximately 45 days following the actual date of RFP issuance. The National Cancer Institute will consider proposals from all responsible sources.

Copies of the RFP may be obtained by sending a written request to:

Sharon A. Miller
Contract Specialist
National Cancer Institute
Blair Building, Room 114
9000 Rockville Pike
Bethesda, Maryland 20892

AIRWAY MUCIN: MOLECULAR BIOLOGY AND REGULATION

RFA AVAILABLE: 87-HL-16-L

P.T. 34; K.W. 1002004, 1002008, 0705065, 1002019, 1003002, 0710070, 0710100

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Division of Lung Diseases of the National Heart, Lung, and Blood Institute invites grant applications to be considered in a single competition for support of molecular biological studies of airway mucins. The primary objective of this special grant program is to stimulate basic research on the structure and biosynthesis of airway mucins in health and disease.

BACKGROUND

Mucins are carbohydrate rich proteins which comprise the major portion of the mucosal layer lining the respiratory epithelium. Mucins provide the first line of defense of the lung from inhaled foreign matter through well-defined functions including mucociliary clearance and prevention of epithelial desiccation. There is increased synthesis and/or secretion of airway mucins during various pulmonary diseases such as asthma, chronic bronchitis, and cystic fibrosis. Mucins associated with disease may be abnormal both in chemical and physical characteristics. Molecular biological techniques have great potential for providing further understanding of the molecular aspects of respiratory mucin synthesis and its regulation in normal and diseased lung. This information should eventually lead to more effective treatment strategies for obstructive lung diseases.

OBJECTIVES AND SCOPE

The overall objective of this initiative is to generate knowledge on the genetic and biochemical mechanisms controlling airway mucin structure and properties in health and disease. Applications are invited for innovative, multidisciplinary studies, combining molecular biology with other approaches, to further understanding of the molecular biology of airway mucins. Among the disciplines and expertise that may be appropriate for this research program are molecular biology, pulmonary cell biology, immunology, biochemistry, pharmacology, molecular genetics, and pulmonary medicine.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional, individual research grant. All current policies and requirements that govern the research grant programs of the National Institutes of Health will apply to grants awarded under this RFA. Applications must be received by November 16, 1987. An application not received by this date will be considered ineligible. Awards will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards.

REVIEW PROCEDURES

All applications submitted in response to this RFA will be evaluated for scientific and technical merit by an initial review group, which will be convened for this purpose, by the Division of Extramural Affairs, NHLBI.

METHOD OF APPLYING

Prospective applicants are asked to submit a letter of intent and include the names of any other participating institutions or investigators. This letter should be received no later than September 15, 1987. Requests for copies of this announcement may be directed to:

J. Sri Ram, Ph.D.
Chief, Airways Diseases Branch
Division of Lung Diseases, NHLBI
National Institutes of Health
Westwood Building, Room 6A15
Bethesda, Maryland 20892
Telephone: (301) 496-7332

The label provided with the full RFA should be affixed to the bottom of the face page of the original completed application. Failure to use this label could result in delayed processing and review of the application.

NONTRANSFUSION FORMS OF TREATMENT FOR BLEEDING DISORDERS

RFA AVAILABLE: 87-HL-20-B

P.T. 34; K.W. 0785070, 1003002, 1002008, 0710100

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Blood Diseases Branch of the Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI), announces the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA are currently available from staff of the NHLBI.

The program will support basic and clinical studies addressing the development of new modes of treatment for congenital and acquired bleeding disorders. Studies of the mechanism of action of newly-developed products as well as of products already in clinical use will also be encouraged. It is expected that the development of new therapies will include a broad range of approaches requiring expertise in such areas as hematology, biochemistry, molecular biology and pharmacology.

Requests for copies of the RFA should be addressed to:

Pankaj Ganguly, Ph.D.
Blood Diseases Branch
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 5A12
Bethesda, Maryland 20892

The label provided with the full RFA should be affixed to the bottom of the face page of the original completed application. Failure to use this label could result in delayed processing or review of the application.

MOLECULAR SIGNALS IN THE VASCULATURE IN HYPERTENSION

RFA AVAILABLE: NIH-87-HL-21-H

P.T. 34; K.W. 0715115, 0790005, 1002004, 0760075, 1013004, 1002034

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Hypertension and Kidney Diseases Branch of the Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) on the above subject. Awards will be made for a period up to five years.

Essential hypertension affects 58 million Americans and is a risk factor for heart attack and stroke. The etiology of hypertension is complex and multifactorial, but inevitably involves abnormal responses by cells of the vasculature. Recent work on cellular signal generation and transduction, involving second messengers, has utilized blood vessels or vasoactive substances only infrequently.

The present RFA is designed to encourage research on signal generation and transduction in the plasma membrane and intracellular compartments of cells of the vasculature, such as smooth muscle and endothelium, with particular emphasis on processes involved in vascular hypertrophy, control of ion fluxes, and the possible production of membrane abnormalities associated with hypertension. Such studies are likely to provide insight into mechanisms leading to improved control or prevention of hypertension.

This announcement may be of particular interest to investigators with expertise in several basic disciplines, including molecular and cellular biology, receptor biology and biochemistry, and biophysics and physiology. Awards in response to this announcement will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with PHS policy governing such awards.

TIMETABLE

Letter of Intent: August 14, 1987
Application Receipt Date: November 16, 1987
Technical Review: February, 1988
Advisory Council Review: May 19-20, 1988
Award Date: July 1, 1988

INQUIRIES

Inquiries concerning this program and requests for copies of the RFA should be addressed to:

Dr. David M. Robinson
Deputy Chief
Hypertension and Kidney Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 4C10
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1857

The label provided with the full RFA should be affixed to the bottom of the face page of the original completed application. Failure to use this label could result in delayed processing or review of the application.

VASCULAR HEALING: CELL BIOLOGY AND RHEOLOGIC FACTORS

RFA AVAILABLE: 87-HL-18-H

P.T. 34; K.W. 1002004, 0715040, 0785210, 0785070, 0740070, 0710030

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Devices and Technology Branch, Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute invites research grant applications from organizations which are capable of carrying out interdisciplinary, basic and applied research into the mechanisms of vascular healing. The studies should have direct relevance to the clinical problems of restenosis following coronary artery bypass graft (CABG) surgery, percutaneous transluminal coronary angioplasty (PTCA), and carotid endarterectomy, and of occlusion of saphenous vein or prosthetic vascular grafts following peripheral arterial reconstructive surgery.

OBJECTIVES AND SCOPE

The objectives of this RFA are to encourage research into the relative contributions of the following to the pathological consequences of the vascular healing process, specifically vascular stenosis and occlusion: 1) mediators and inhibitors of thrombosis and pseudointimal hyperplasia which include prostaglandins and thromboxanes, plasmatic and platelet factors in hemostasis, complement components, platelet- derived growth factor and related mitogens, interleukin-1, and leukotrienes; 2) rheologic factors, including stasis, recirculation, shear stress, and mass transport; 3) physical properties of the natural or prosthetic vessel wall such as compliance, stress-strain characteristics, and for prostheses, porosity and surface texture; and 4) the chemical composition of vascular prostheses.

BACKGROUND

Over 600,000 vascular procedures were performed in the U. S. in 1986. These include an estimated 200,000 CABG procedures, 225,000 reconstructive procedures for peripheral vascular disease, 100,000 PTCA procedures, and 85,000 carotid endarterectomies. A significant percentage of these procedures eventually fail, due to thrombosis, pseudointimal hyperplasia, or atherosclerosis. A better understanding of these processes is expected to lead to improved methods of preventing failure. Also the development of a small-diameter (less than 6mm) prosthetic vascular graft which would remain patent for at least 5 years would represent a major advance. In a significant proportion of patients requiring these procedures, a suitable saphenous vein for CABG or peripheral arterial reconstruction is not available and its harvesting requires additional time and discomfort. The internal mammary artery for CABG surgery is clearly preferable to the saphenous vein because of its lower failure rate, but its use is limited to patients with certain types and locations of coronary artery disease. For these reasons a non-occluding prosthetic graft would represent a major advance.

ELIGIBILITY

Applicant organizations are required to have the capacity to perform interdisciplinary research on mechanisms of vascular healing and of natural or prosthetic graft failure: more than one of the four categories of investigation described in OBJECTIVES AND SCOPE should be addressed in their application. It is not required that the proposed research include all four areas.

APPLICATION SUBMISSION AND REVIEW

A potential applicant organization is encouraged, but is not required, to consult with NHLBI staff by telephone before submitting. The letter of intent is requested by August 14, 1987; it will not enter into the review of an application submitted in response to this RFA.

Initial review of proposals will be organized by the Division of Extramural Affairs, NHLBI, with a panel of mostly non-federally employed reviewers with expertise which will include cell biology, rheology and fluid mechanics, surgery, vascular physiology, hematology, materials science and surface chemistry, and biostatistics. Applications will be reviewed in competition with each other on a nationwide basis. This RFA solicitation is a single competition and has one specified deadline for receipt of applications.

MECHANISM OF SUPPORT

The mechanism of support for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to non-profit and profit organizations. An applicant organization may apply for a period of support of up to five years.

Contingent upon the continued availability of funds, and dependent upon the receipt of a sufficient number of applications of high scientific merit, it is anticipated that five to eight awards will be made at an annual total cost of approximately $1,500,000 (direct plus indirect costs).

INQUIRIES

Requests for copies of the RFA in its expanded form, and consultation prior to submitting, should be directed to:

Paul Didisheim, M.D.
Devices and Technology Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 312
Bethesda, Maryland 20892
Telephone: (301) 496-1586

The label provided with the full RFA should be affixed to the bottom of the face page of the original completed application. Failure to use this label could result in delayed processing and review of the application.

INACTIVATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER TRANSFUSION-TRANSMITTED VIRUSES IN BLOOD AND BLOOD COMPONENTS

RFA AVAILABLE: 87-HL-19-B

P.T. 34; K.W. 1002045, 0750010, 0715120

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Blood Resources Branch of the Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA, NIH-87-HL-19-B, may be obtained from staff of the NHLBI.

The program will encourage basic and applied research on the development and evaluation of procedures to remove or destroy the infectivity of HIV and/or other transfusion-transmitted viruses in blood and blood components while maintaining the therapeutic effectiveness of these preparations. The emergence of the AIDS epidemic has underscored the serious and urgent need to develop effective means of rendering blood and blood components safe for transfusion. Procedures that are developed should be simple, inexpensive and capable of being used in blood banks and blood centers.

Request for copies of the RFA should be addressed to:

Luiz H. Barbosa, D.V.M.
Blood Resources Branch, DBDR
Federal Building, Room 504
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1537

The label provided with the full RFA should be affixed to the bottom of the face page of the original completed application. Failure to use this label could result in delayed processing and review of the application.

EVALUATING ALCOHOL AND COCAINE TREATMENTS AND SETTINGS

RFA AVAILABLE: AA-87-03

P.T. 34; K.W. 0404009, 0404003, 0415000, 0403004

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse

Application Receipt Date: October 15, 1987

BACKGROUND

Current research strongly suggests that chemical dependencies are not unidimensional syndromes; rather there appear to be qualitatively and quantitatively different types of alcohol and drug dependent persons. It is evident that for the effective treatment of alcohol dependent persons, cocaine users, and persons who use both substances, development of a basis for careful matching of the type and severity of the dependency and the type of treatment regimen and environment is a necessary next step in treatment assessment research.

RESEARCH GOALS AND SCOPE

This announcement seeks research grant applications to compare the treatment efficacy of residential or inpatient vs. outpatient settings for one or more of the following categories of chemically dependent persons: (a) persons who meet a primary diagnosis of alcohol dependence with no other clinically significant drug abuse, (b) persons with a primary diagnosis of cocaine dependence [may include crack], with no other clinically significant drug abuse, and (c) persons who primarily use/abuse both alcohol and cocaine at dependence-producing levels with no other clinically significant abuse of drugs. Proposals may address one or more of these three categories of chemically dependent persons, but must address a comparison between inpatient or residential vs. outpatient settings in which equivalent treatment regimens are offered.

It is the intent of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) to support studies evaluating and comparing the treatment efficacy of residential or inpatient vs. outpatient settings among commonly used treatment regimens at one or more facilities. This announcement is not for the purpose of developing new treatment regimens or assessing the efficiency of a particular facility per se. The primary aim of research projects sought under this announcement is to study the careful matching of the type and severity of substance dependency with the type of treatment regimen and setting.

ELIGIBILITY

Applications may be submitted by public or private nonprofit or for-profit organizations such as universities, colleges, hospitals, laboratories, units of State or local governments, and eligible agencies of the Federal Government. Women and minority investigators are encouraged to apply. Applications are especially encouraged from State governments with research units and/or State governments collaborating with university-based research units.

APPLICATION PROCESS

Potential applicants may obtain a more detailed RFA by contacting:

National Clearinghouse for Alcohol Information
Box 2345
Rockville, Maryland 20852
Telephone: (301) 468-2600

State and local government agencies should use form PHS 5161-1 (Rev. 3/86). All other applicants should use the research grant application form PHS 398. The title of this announcement "EVALUATING ALCOHOL AND COCAINE TREATMENTS AND SETTINGS" AA-87-03 should be typed in item number 2 on the face page of the PHS 398 application form.

The label provided with the full RFA should be affixed to the bottom of the face page of the original completed application. Failure to use this label could result in delayed processing and review of the application.

Application kits containing the necessary forms and instructions may be obtained from business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities or from:

National Clearinghouse for Alcohol Information
Box 2345
Rockville, Maryland 20852
Telephone: (301) 468-2600

o Letter of Intent and Further Information

Applications will undergo expedited review procedures. As a notice of intent to apply, or for further information, it is suggested that prospective applicants call either Dr. Tims at NIDA (301/443-4060) or Dr. Lettieri at NIAAA (301/443-4223) or send a "Letter of Intent" (a brief letter indicating their intention to submit an application for the October 15, 1987 submission deadline) to the NIAAA, Office of Scientific Affairs at the address given below. It would be helpful if these calls or letters were received prior to September 15, 1987.

o Completed Grant Application

The completed grant application should be submitted by October 15, 1987. The signed original and four (4) permanent legible copies of the completed application (original and two copies, if using form PHS 5161-1) should be sent to:

Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, Maryland 20892**

To assist in the expedited review, two (2) copies of the application should be sent by October 15, 1987 directly to:

National Institute on Alcohol Abuse and Alcoholism
Office of Scientific Affairs
5600 Fishers Lane, Room 16-C-20
Rockville, Maryland 20857

REVIEW PROCESS

Applications received under this announcement will be reviewed for scientific and technical merit by an initial review group convened by NIAAA or NIDA. Review criteria include significance and originality from a scientific or technical standpoint of the goals of the proposed research; adequacy of the methodology proposed to carry out the research; feasibility of the proposed research; qualifications and research experience of the principal investigator and other key personnel; availability of adequate facilities, other resources, and collaborative arrangements necessary for the research; appropriateness of budget estimates for the proposed research activities; and adequacy of provisions for the protection of human subjects and the welfare of animal subjects, as applicable. Notification of the review recommendations will be sent to the applicant after the initial review. Applications will receive a second-level review for merit, policy, and program relevance by the National Advisory Council on Alcohol Abuse and Alcoholism or the National Advisory Council on Drug Abuse.

Alcohol and drug abuse research grants are described in the Catalog of Federal Domestic Assistance No. 13.273 and 13.279. Grant awards are made under the authority of Sections 301, 510, and 515 of the Public Health Service Act (42USC 241, 290bb and 290cc). Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Service regulations at 45 CFR Part 100.

APPLICATION RECEIPT AND REVIEW SCHEDULE

Letter of Intent	September 15, 1987
Receipt of Application	October 15, 1987
Initial Scientific/Merit Review	January 1988
Advisory Council Review	February 1988
Earliest Award Date	February 1988

AVAILABILITY OF FUNDS

Applications submitted in response to this announcement will compete for approximately $2.3 million in new grant money that has been made available for this purpose in FY 1988 by Section 1923 of the Public Health Service Act, which was added by the "Anti-Drug Abuse Act" of 1986. The size and number of possible awards will depend on the complexity of the projects proposed and selected for funding.

It should be noted that research evaluating alcohol and drug treatment is an ongoing priority within the regular research grant programs of the NIAAA and the NIDA. Consequently, applications of high scientific merit which cannot be funded under this announcement could be considered for funding under the Institutes' regular research grant programs. Also, future applications of this type are encouraged under the regular programs.

ONGOING PROGRAM ANNOUNCEMENTS (PAs)

COMPUTER-BASED REPRESENTATION AND ANALYSIS OF MOLECULAR BIOLOGY DATA (PA)

P.T. 34; K.W. 1002008, 1004000, 1004005, 1004008, 1004017, 0790010, 0760070

National Institutes of Health

This announcement is complementary to the announcement, "New Approaches to the Analysis of Complex Genomes," published in this issue. Interested applicants may wish to consider both announcements as they plan projects.

INTRODUCTION

The National Institutes of Health (NIH) invites grant applications from investigators who are interested in the computer and information science aspects of molecular biology data management and analysis. The long term goal of this initiative is to promote high quality research that has value for furthering our understanding of structure/function relationships in nucleic acids, proteins, and other biologically important molecules, in order to help prevent, diagnose, and treat human disorders. Although no special pool of funds has been set aside, the NIH is committed to support of competitive research programs that further these objectives.

BACKGROUND

The appearance of new experimental methods in the past several years has greatly increased the rate at which data are accumulating about the molecular control of life processes. Restriction enzymes, synthetic molecular probes, efficient microchemical methods for DNA and protein sequence determination, and recombinant DNA technology have developed to the point that it is now feasible to consider large-scale projects, such as the systematic analysis of entire eukaryote genomes. Because of their size and complexity, the data that are generated by such undertakings must be analyzed and compared using computerized techniques for storage, searching, and analysis. The NIH currently supports several computer databases, including GenBank and the National Biomedical Research Foundation (NBRF) Protein Sequence Database, through grant and contract mechanisms. Additionally, research into mathematical algorithms for analysis of macromolecular sequences is supported by intramural and extramural programs. The computer databases that hold this information, currently numbered in millions of nucleotide base pairs and thousands of amino acids, are expected to grow by three orders of magnitude to encompass sequences totalling billions of nucleotides. Current methods for structuring, searching, and analyzing such databases need to be enhanced correspondingly.

RESEARCH SCOPE

This program announcement is intended to emphasize the commitment of the National Institutes of Health to foster the development of new computer-based analysis methods for the interpretation of molecular biological data. Such research will require a diversity of approaches and make use of data from a number of model systems. The research topics of interest described below are not intended to limit the types of applications that can be submitted under this announcement, but rather to illustrate the range of work in computer and information science, as applied to biology, that will be needed to advance our research capabilities in the area of genomic analysis and macromolecular structure and function. Additionally, it is recognized that the development of computational methods may be based in the context of a specific biologic problem (e.g., use of immunological sequence data to explore genetic aspects of the immune response).

- o Database design, incorporating data representations that are optimal for search, analysis, transmission, and storage of macromolecular data.
- o Software algorithms and other database query methods capable of translating natural language questions into appropriate retrievals from multiple related factual databases.

- Man-machine interface methods that are optimally suited to laboratory researchers without prior training in database searching and computational analysis methods.

- Methods of pattern recognition based on associative networks and algorithm design optimized for multiprocessor (e.g., parallel processor) machine architectures.

- Expert system techniques for automatic generation of annotation information, creation of linkages among related databases via explicit pointers or common vocabulary.

- Specialized computer hardware for economical and rapid comparison of large volumes of biological data.

- Mathematical methods and algorithms for improving the efficiency of comparison operations that are computationally intensive (e.g., cannot be performed in linear time), such as rigorous high speed multiple alignments of macromolecular sequences.

- Algorithms capable of predicting structure and/or function based on primary sequences of nucleotides and amino acids.

MECHANISM OF SUPPORT

Support for this program will be through research grants, including project grants (R01), small grants (R03), program projects (P01), FIRST awards (R29), Small Business Innovation Research Grants (R43 and R44), and the Biomedical Research Technology resource grants (R24, P41). Policies that govern research grant programs of the National Institutes of Health apply to this program. Since it is anticipated that potential applicants may wish to enlarge on currently available databases, consortium arrangements are also possible. In addition, collaborative projects between persons with engineering, analytical, and information science skills and molecular biologists are encouraged.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this announcement will be reviewed in accordance with the usual NIH peer review procedures. They will first be reviewed for scientific and technical merit by a special review group organized for this purpose by the Division of Research Grants and composed mostly of non-Federal scientific consultants. Following this initial review, the applications will be secondarily evaluated by the appropriate National Advisory Board or Councils. Review criteria include the following:

- Significance and originality of the research goals and approaches as they relate to the computer-based management and analysis of molecular biological data;

- Potential value of the research for furthering the understanding and utilization of genomic and other macromolecular information;

- Feasibility of the research and adequacy of the experimental design;

- Training, experience, research competence, and dedication of the investigator(s);

- Adequacy of available facilities; and

- Appropriateness of the requested budget for the work proposed.

METHOD OF APPLYING

Applications should be submitted on the new form PHS 398(rev. 9/86). Application kits are available at most institutional business offices and from:

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892**

Applications will be accepted in accordance with the usual NIH receipt dates for new applications--October 1, February 1, and June 1. It is essential that applicants type "Computer-based Representation and Analysis of Molecular Biology Data," in item 2 on the face page of the application form. The original and six copies of the application should be submitted to the following office.

Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, Maryland 20892

The conventional presentation for grant applications should be utilized.

Funding decisions will be based on recommendations of the initial review groups and the BID Advisory Council regarding scientific merit and program relevance and on the availability of funds. No special funds are set aside for this program.

INQUIRIES

It is strongly recommended, but not required, that potential applicants contact appropriate NIH staff, listed below, to discuss research objectives.

B/I/D	CONTACT	BUILDING	ROOM	TELEPHONE
NIDDK	Robert Katz, Ph.D.	Westwood	607	496-7997
NCI	Alan S. Rabson, M.D.	31	3A03	496-4345
FIC	Jack R. Schmidt, Ph.D.	38A	616	496-1415
DRR	Charles Coulter, Ph.D.	31	5B41	496-5411
NICHD	Delbert H. Dayton, M.D.	Landow	7C08	496-5541
NINCDS	N.C. Myrianthopoulos, Ph.D.	Federal	8C16A	496-5821
NLM	Arthur J. Broering	38A	5N503	496-4621
NIDR	John D. Townsley, Ph.D.	Westwood	506	496-7807
NIGMS	James C. Cassatt, Ph.D.	Westwood	909	496-7309
NIAMS	Steven J. Hausman, Ph.D.	Westwood	403	496-7495
NHLBI	Carol Letendre, Ph.D.	Federal	518	496-8966
NIA	Huber R. Warner, Ph.D.	31	5C19	496-6402
NIAID	Mildred S. Warfield	31	7A19	496-6752

Mailing Address for the above offices: Bethesda, Maryland 20892
All Bethesda telephone numbers are area code 301

NIEHS	Michael J. Galvin, Ph.D.	Research Triangle Park North Carolina 27709	(919) 541-7825

NEW APPROACHES TO THE ANALYSIS OF COMPLEX GENOMES (PA)

P.T. 34; K.W. 1002019, 1004000, 0790010, 0760080, 0755035, 0755045, 1004005

National Institutes of Health

This announcement is complementary to the announcement, "Computer-based Representation and Analysis of Molecular Biology Data," published in this issue. Interested applicants may wish to consider both announcements as they plan projects.

INTRODUCTION

The National Institutes of Health (NIH) invites research grant applications from investigators who are interested in developing new ideas and innovative approaches for analyzing complex genomes. The long-term goal of this initiative is to promote high-quality research that has actual or potential value for furthering our understanding of structure/function relationships within the human genome and utilizing human genomic information to prevent, diagnose, and treat human disorders. Although no special pool of funds has been set aside, the NIH is committed to support competitive research programs that further these objectives.

BACKGROUND INFORMATION

Within the past year, discussions about research priorities for various aspects of genomic analysis or "genomics" have begun among many scientists and various public and private agencies. The Advisory Committee to the Director of the National Institutes of Health recently discussed research priorities regarding human genomic analysis. The Committee concluded that the current state of knowledge and technology dictates the continued support of diverse research activities drawing from many disciplines in the biological sciences but also recognized a need to foster new initiatives and approaches to genomic analysis. The National Institutes of Health currently funds this effort through individual research projects, program projects, centers, and research training grants, as well as through many research resources, including GenBank--The DNA Sequence DataBank, BIONET, the Repository of Human DNA Probes and Libraries, and the Human Genetic Mutant Cell Repository. In addition, the NIH is committed to fostering new technological approaches for studying complex genomes. NIH support of research and resource activities in genomic analysis has already led to greatly improved strategies for studying human genetic disorders. NIH has also supported much research on the causes, diagnoses, and treatments of specific disorders, such as Huntington's disease, cystic fibrosis, and muscular dystrophy. Similar understanding of many common disorders, such as diabetes, atherosclerosis, and cancer, will depend on continued support of this field.

RESEARCH SCOPE

This program announcement is intended to emphasize the ongoing commitment of the National Institutes of Health to analyses of complex genomes, including both model systems and the human genome, and to encourage investigators to pursue new approaches to studies of molecular genetics and gene expression. The NIH will continue to support a broad spectrum of research from the most fundamental and non-categorical research to clinical studies and applications development. Such research will require a diversity of approaches and make use of a number of model systems as well as human material. The research topics of interest described below are not intended to limit the types of applications that are encouraged by this announcement, but rather to illustrate the range of work that will be needed to advance our knowledge and research capabilities in the broad area of genomic analysis and its applications.

Methods Development

- Improving methods for fragmenting DNA, including the isolation and characterization of new restriction enzymes, studies of the mechanism of action of restriction enzymes, and the development of sequence-specific chemical cleavage methods;
- Improving large-scale separation and purification of specific DNA fragments, including techniques for purification of DNA fragments based on sequence and techniques for obtaining pure preparations of individual human chromosomes and their fragments;
- Cloning large (more than 100,000 base pairs) fragments of DNA, with special emphasis on mammalian DNA fragments, and including the development of new cloning vehicles for large DNA fragments;
- Improving methods for ordering sets of DNA fragments in the genome, including the development of supporting mathematical and computer methodologies;
- Improving sequencing technologies, including automation of DNA isolation and purification, automation of gel preparation and scanning, and enhancement of the speed and accuracy of sequencing methods;
- Developing alternative approaches to cloning DNA regions that are refractory to currently available cloning techniques;
- Improving electron microscopic techniques for analyzing large chromosome fragments and for molecular mapping; and
- Improving storage methods which preserve the integrity of long DNA fragments, including studies on the stability and selective loss of cloned DNA fragments and associated vectors.

Mapping and Sequencing

- Mapping and/or sequencing selected chromosomal segments with the goals of finding new functional relationships of genomic elements such as reading frames, control regions, protein binding sites, highly repetitive sequences, and with the goal of understanding the role of DNA sequence in determining chromosome structure;
- Expanding the genetic and physical maps of the human genome, including mapping of specific genes and studies to determine the relationships between these two maps;
- Determining the amount and significance of variation among human genomes, with special emphasis on variation in DNA sequences within and among human populations; and

- Developing genetic and physical maps of model systems, including sequencing where that would be useful, studies of the relationships of these maps, development of mapping strategies, comparison of maps and sequences both within and among species, and studies of the evolution of chromosome structure.

Applications of Genomic Information

- Exploring new strategies for using genetic tools and information for the diagnosis, prevention, and treatment of human genetic disorders; and

- Applying information about the genetic and physical maps of the human genome to genetic epidemiological research, including linkage analysis, with the goal of understanding multifactorial genetic disorders.

MECHANISM OF SUPPORT

Support for this program will be through research grants, including project grants (R01), small grants (R03), program projects (P01), FIRST awards (R29), biomedical research technology resource grants (R24, P41), and Small Business Innovation Research (SBIR) grants (R43 and R44). Policies that govern research grant programs of the National Institutes of Health apply to this program. Consortium arrangements and collaborative projects between molecular biologists and persons with engineering, analytical and information science skills are encouraged.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this announcement will be reviewed in accordance with the usual NIH peer review procedures. They will first be reviewed for scientific and technical merit by a special review group organized for this purpose by the Division of Research Grants and composed mostly of non-Federal scientific consultants. Following this initial review, the applications will be secondarily evaluated by the appropriate National Advisory Board or Councils. Review criteria include the following:

- Significance and originality of the research goals and approaches as they relate to the analysis of complex genomes;

- Potential value of the research for furthering the understanding and utilization of information about the human genome;

- Feasibility of the research and adequacy of the experimental design;

- Training, experience, research competence, and dedication of the investigator(s);

- Adequacy of available facilities;

- Provisions for the protection of human subjects and the humane care of animals; and

- Appropriateness of the requested budget for the work proposed.

METHOD OF APPLYING

Applications should be submitted on the new form PHS 398 (rev.9/86). Application kits are most institutional business offices and from:
Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892

Applications will be accepted in accordance with the usual NIH receipt dates for new applications--October 1, February 1, and June 1. It is essential that applicants type "New Approaches to the Analysis of Complex Genomes," in item 2 on the face page of the application form. The original and six copies of the application should be submitted to the following office.

Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, Maryland 20892**

The conventional presentation for grant applications should be utilized.

Funding decisions will be based on recommendations of the initial review groups and the BID's Advisory Council regarding scientific merit and program relevance and on the availability of funds. No special funds are set aside for this program.

INQUIRIES

It is strongly recommended, but not required, that potential applicants contact the appropriate NIH staff member listed below to discuss research objectives.

B/I/D	CONTACT	BUILDING	ROOM	TELEPHONE
NIDDK	Robert Katz, Ph.D.	Westwood	607	496-7997
NCI	Alan S. Rabson, M.D.	31	3A03	496-4345
FIC	Jack R. Schmidt, Ph.D.	38A	616	496-1415
DRR	Charles Coulter, Ph.D.	31	5B41	496-5411
NICHD	Delbert H. Dayton, M.D.	Landow	7C08	496-5541
NINCDS	N.C. Myrianthopoulos, Ph.D.	Federal	8C16A	496-5821
NLM	Arthur J. Broering	38A	5N503	496-4621
NIDR	John D. Townsley, Ph.D.	Westwood	506	496-7807
NIGMS	Irene Eckstrand, Ph.D.	Westwood	920	496-7137
NIAMS	Steven J. Hausman, Ph.D.	Westwood	403	496-7495
NHLBI	Carol Letendre, Ph.D.	Federal	518	496-8966
NIA	Huber R. Warner, Ph.D.	31	5C19	496-6402
NIAID	Mildred S. Warfield	31	7A19	496-6752
NEI	Jack A. McLaughlin, Ph.D.	31	6A51	496-5983

Mailing Address for the above offices: Bethesda, Maryland 20892
All Bethesda telephone numbers are area code 301

NIEHS Michael J. Galvin, Ph.D. Research Triangle Park (919) 541-7825
North Carolina 27709

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5333 Westbard Avenue
Bethesda, Maryland 20816

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For Grants and Contracts

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National Institutes of Health
Room B3BE07, Building 31
Bethesda, Maryland 20892

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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VOL. 16, NO. 19. JUNE 5, 1987

Vol. 16, No. 19, June 5, 1987

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NOTICE

PHS 398 GRANT APPLICATION, REVISED 9/86, NOW AVAILABLE

P.T. 34; K.W. 0710030, 1014002

National Institutes of Health

The newly revised Public Health Service grant application form (PHS 398) is now available. The new version replaces the form presently in use, dated 5/82.

The new PHS 398 application kit includes instructions for applying for new, competing renewal, and competing supplemental research grant support. In addition, the new version incorporates the National Research Service Award (NRSA) Institutional Training Grant form (formerly the PHS 6025 form) as well as supplemental instructions for applying for a Research Career Development Award (RCDA). The new form should be used by NRSA Institutional Training Grant applicants starting with the September 10, 1987 receipt date, and by research grant and RCDA applicants starting with the October 1, 1987 receipt date.

The revised application kit includes several significant changes. Careful attention should be paid to the application instructions that specify page limitations for core elements common to all proposals. For example, Sections A-D of the Research Plan should not exceed 20 pages in length, unless specified differently in a program announcement, a request for applications, or supplemental instructions. In addition, there are important changes in the Face Page, page 2 (abstract and key personnel,) and other sections of the application.

The Public Health Service has sent a specific number of copies to each grantee business office at their institution for a copy of the application. Institutions needing additional copies of the application should contact:

(1) For multiple copies -

Office Services Section (PHS 398)
Division of Research Grants
National Institutes of Health
Westwood Building, Room 436
Bethesda, Maryland 20892
Telephone: (301) 496-9797

(2) For a single copy -

Office of Grants Inquiries (PHS 398)
Division of Research Grants
National Institutes of Health
Westwood Building, Room 449
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFAs AND RFPs AVAILABLE)

DEVELOPING AND IMPROVING INSTITUTIONAL ANIMAL RESOURCES

RFA AVAILABLE: 87-RR-02

P.T. 34; K.W. 1002002, 0201011, 0780000

Division of Research Resources

Application Receipt Date: September 16, 1987

As part of its mission to create, develop, and maintain animal resources needed by NIH-supported biomedical investigators throughout the nation, the Division of Research Resources (DRR) is continuing its competitive grant program to help institutions upgrade and develop their animal facilities. DRR anticipates that $9.981 million may be available to support such improvement grants in Fiscal Year 1988.

RESEARCH GOALS AND SCOPE

Institutional animal resource improvement projects are awarded to assist biomedical research and educational institutions to upgrade their animal facilities and develop centralized programs of animal care. A major objective is to enable institutions to comply with the USDA Animal Welfare Act and DHHS policies on the care and treatment of animals. These awards are limited to alterations and renovations (A&R) to improve laboratory animal facilities and related equipment, such as animal cages and cage washers. It is not the purpose of the improvement grant to provide general operating costs for the resource; e.g., funding for personnel, consumable supplies for routine animal care, etc. The projects are supported for one year, after which the applicant institution is expected to assume complete financial responsibility for its basic animal resource.

To gain approval and support, both the need for resource improvement and a sound plan to meet the requirements of the Public Health Service Policy on Humane Care and Use of Laboratory Animals must be presented and described in the context of the biomedical research and research training program of the institution.

ELIGIBILITY AND REVIEW

Any domestic public, or private nonprofit institution, organization or association with one or more projects supported by the Public Health Service involving the use of animals is eligible to apply. Applicants are expected to develop a single proposal for campus-wide service.

Applications will be received by the Division of Research Grants. Applicants must use PHS Form 398, "Application for Public Health Service Grant." A receipt date of September 16, 1987 has been established. Applications received after this date will not be accepted for review in this competition. The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review. All applications submitted in response to this RFA will be reviewed by the DRR Animal Resources Review Committee for scientific merit and the National Advisory Research Resources Council for program considerations.

MECHANISM OF SUPPORT

Awards will be made as competitive resource grants for a project period of one year. It is expected that from 30 to 40 awards will be made in Fiscal Year 1988. The number of grants and the specific amount of awards will depend on the merit and scope of the applications received and the availability of funds. All policies and requirements which govern the grant programs of the PHS apply.

TERMS OF AWARD

Alterations and renovations (A&R) are limited to a maximum award of $500,000 from this grant program. Equal matching funds from nonfederal sources are required for all A&R. In addition to the A&R request of up to $500,000, institutions may request needed items of equipment for their animal resource on a nonmatching basis. Support for new construction is not authorized. Funds awarded for A&R may not be obligated until final drawings, specifications, and updated cost estimates are received and approved by the Division of Research Resources.

INQUIRIES

A copy of the complete RFA, which describes the research goals and scope, terms and conditions, review procedures and criteria, and method of applying, may be obtained by contacting the Animal Resources Program, DRR:

Dr. William I. Gay
Chief, Animal Resources Program
Division of Research Resources
Building 31, Room 5B59
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5175

DEVELOPMENT OF BIOMARKERS OF AGING

RFA AVAILABLE: 87-AG-01

P.T. 34; K.W. 0710010, 0780000, 0755020, 1002004, 0785050, 1002042, 0710040

National Institute on Aging

Application Receipt Date: August 24, 1987

INTRODUCTION

The Biomedical Research and Clinical Medicine Program (BRCM), National Institute on Aging (NIA), announces the availability of a request for applications (RFA) for the development of biomarkers of aging using rodent animal models supplied by the NIA. The goals of this request are to encourage the development of rodent biomarkers of aging in genetically defined rats and mice developed and maintained by the NIA in collaboration with the National Center for Toxicological Research (NCTR) exclusively for biomarker research.

The present RFA Announcement is for a single competition with a specified deadline of August 24, 1987.

BACKGROUND

One of the mandates of the National Institute on Aging is to develop research approaches to extending the vigorous and productive years of life. In response to this mandate, the NIA has begun a process with a long-term objective of assessing interventions that affect aging. In order to test the effects of interventions, particularly interventions on humans, a testing strategy which is both scientifically valid and achievable in significantly less than a human lifespan is essential. This need for a workable test strategy has fostered interest in the development of biomarkers of aging.

As one step in a plan to implement testing of potential biomarkers, the NIA, in collaboration with the National Center for Toxicological Research (NCTR), is currently developing a colony of four mouse genotypes and three rat genotypes, maintained with and without calorie restriction, as a resource for rodent biomarker research. This major animal resource will provide a suitable test population for eight to ten investigator-initiated biomarker research projects.

This RFA is to encourage the development of research projects which utilize the available colony of rodents to conduct biomarker research. Although applications are not limited to investigators currently conducting biomarker research, applications will be limited to investigators who are able to accept animals from the NIA/NCTR biomarker colony and who have suitable facilities for housing these animals. All responsive applications from qualified investigators will be considered.

RESEARCH GOALS AND SCOPE

The objective of applications submitted in response to this request should be the development and testing of one or more biomarkers of aging using mice and/or rats obtained from the NIA/NCTR biomarker research colony. Collaborative research proposals from investigators will be accepted where biomarker development requires multiple research skills not available in a single institution, where collaboration enhances the value of the research conducted at the cooperating institutions or where multiple use of animals is scientifically feasible and allows significant research cost economies.

In order to allow for the development of a broadly based panel of biomarkers, applications are solicited from a wide variety of approaches. Applications will be accepted for biomarker development for any one or more of the following research areas:

1. Immunologic
2. Sensory and motor function
3. Learning and memory
4. Neuroendocrine
5. Cardio-pulmonary
6. Endocrine-metabolic
7. Renal function
8. Reproductive function
9. Chromosomal
10. Neuromuscular
11. Connective tissue
12. Clinical chemistry
13. Molecular and cellular alterations
14. Other promising biomarkers not included above.

The research plan for biomarker development should include evaluation of each potential biomarker for reproducibility, sensitivity, significance of rate of change over the lifespan, temporal pattern of changes, non-lethality, degree of invasiveness required, potential functional importance to human aging, simplicity, and cost-effectiveness.

All testing will be carried out using NIA/NCTR biomarker animals. Mice available in this colony will include C57BL/6NNIA, DBA2/NNIA, B6D2F1 (C56BL/6NNIA X DBA2/NNIA), B6C3F1 (C57BL/6 X C3H) ranging in age from 3 to 30 months (approximately 22,000/year). Available rats will include Fischer 344, Brown-Norway, and F344 X BN hybrids ranging in age from 3 to 24 months (approximately 6,000/year). Ad libitum fed and dietary restricted animals will be provided.

MECHANISM OF SUPPORT

Awards will be made as Research Grant (R01) Awards. The regulations and policies that govern the research grant programs of the Public Health Service will prevail.

The award of grants pursuant to this RFA is contingent upon receipt of appropriated funds for this purpose. This RFA is a one-time invitation. There are no plans for future reissuance. The duration of proposed projects may be up to five years. Projects may be extended, through competitive renewal application. However, there have been no funds specifically reserved for renewals at this time.

The start date for funded projects will be approximately March 1, 1988. A total of $1,000,000 will be available for this program in FY 1988. Funds for subsequent years are expected to range from $750,000 to $1,000,000 per year. Individual awards are expected to range from $75,000 to $100,000 per year. Collaborative applications or applications to test more than one type of potential biomarker could be higher with sufficient justification. A maximum of 8 to 10 awards is anticipated.

REVIEW PROCEDURES AND CRITERIA

All applications received in response to this RFA will be reviewed for scientific and technical merit by an initial review group which will be convened by the NIA solely to review these applications. Applications judged not responsive to the RFA will be returned without review.

The factors to be considered in the evaluation of the scientific merit of each application will be those used in the review of traditional research-project grant applications. Following initial review, the applications will be reviewed by the National Advisory Council on Aging. Awards will be made on the basis of scientific merit and the need to fund applications which provide a broad spectrum of potential biomarkers.

METHOD OF APPLYING

Prospective applicants are encouraged to submit to the program administrator indicated below a non-binding letter of intent to apply, post-marked no later than July 1, 1987. The letter of intent is not mandatory and does not influence the review or funding decisions, but it will enable the NIA to plan the review, and will ensure that each potential applicant receives relevant program information prior to application preparation.

Applications should be submitted on the standard PHS-398 application form available at most institutional business offices or from the Division of Research Grants, NIH, (301) 496-7441. On item 2 of the face page of the application, applicants should enter: RFA: Development of Biomarkers of Aging.

The deadline for receipt of applications by the NIH Division of Research Grants (DRG) is August 24, 1987. Send the original and five copies to:

Application Receipt Office
Division of Research Grants
Room 240, Westwood Building
National Institutes of Health
Bethesda, Maryland 20892**

Simultaneously submit a single copy to:

Chief, SRO/OEA/NIA
Building 31, Room 5C12
National Institutes of Health
Bethesda, Maryland 20892

The label provided with the full RFA must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

A copy of the complete RFA describing the goals, the available animal resources, the animal housing and feeding requirements, the review criteria, and the method of applying can be obtained from:

Richard L. Sprott, Ph.D.
Associate Director, BRCM, NIA
Building 31, Room 5C11
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-4996

ONGOING PROGRAM ANNOUNCEMENTS (PAs)

AGING AND FORMAL HEALTH CARE

P.T. 34, 44; K.W. 0710010, 0730000, 0404000, 0710030

National Institute on Aging

The National Institute on Aging (NIA) invites qualified researchers to submit research and research training grant applications to investigate the complex interrelationships among health care systems, aging processes, and health and functioning in the middle and later years. Social and behavioral research is solicited on all types of health services and treatments including outpatient visits, hospitalizations, institutional care, home care and other alternatives to institutional care for preventive, curative as well as palliative or custodial purposes.

Research is needed on how the relationships and interactions between aging people and health care practitioners and institutions affect health maintenance and disease prevention, coping with chronic illnesses and disabilities, and effective functioning and quality of life. Few studies have systematically addressed how formal health care relates to the physiological, social or psychological changes that people experience as they grow older. Also neglected are organizational linkages, if any, among different types of care as older persons move through the health care system.

Interdisciplinary studies which bring together theoretical concepts and methodologies from the social and behavioral sciences, health services research, and geriatric medicine are needed. The aim is to add to knowledge of how the social and cultural context interacts with various features of the health care system to affect health and functioning as people grow older. The accumulating knowledge of the determinants and consequences of care will aid in the planning and implementation of appropriate health services for older persons.

This announcement adds to but does not replace earlier NIA program announcements. It specifies the general announcement on Health and Effective Functioning in the Middle and Later Years (See NIH Guide for Grants and Contracts, Vol. 12, No. 6, June 17, 1983, pp.10-15) and also complements the existing announcements on the Oldest Old (Vol. 13, No. 13, December 7, 1984) and on Health Behaviors and Aging (Vol.12, No.11, November 11, 1983) which has a primary focus on informal care. The new initiative on aging and formal health care is coordinated with related programs in the National Center for Health Services Research and Health Care Technology Assessment and the National Institute of Mental Health.

BACKGROUND

There have been dramatic changes in recent years in the organization, delivery and financing of health care for older Americans. Formal health care is now characterized by a variety of forms as well as new modes of payment. Recent changes in health services for older persons are, in part, a response to concerns about (1) the burgeoning health care needs associated with the rapidly growing older population and (2) projections of escalating health care costs. Although older people are indeed more likely than younger people to contact physicians and to utilize hospital, nursing home and home health care, there is marked diversity among the older population, with only a relatively small percentage of the oldest, most severely disabled group using a disproportionate amount of health care. Systematic study of medical and social determinants and consequences of different types of health care as well as factors leading to health care use is needed.

Several key points about aging and health care should be kept in mind. The great majority of day-to-day caregiving for non-institutionalized older persons is provided informally by family and friends. Thus, it is essential to understand the linkages between the formal and informal health care systems. A life course perspective is especially relevant as health and health care experiences of persons in earlier life, or successive episodes of illness or of institutional care, may influence subsequent interactions with health care systems as well as morbidity and mortality outcomes in old age. In addition, research needs to recognize the diversity of the older population in terms of age, functional ability, socioeconomic status and many other factors. In particular, more needs to be known about the use of health services by ethnic and minority populations.

A 1985 conference on Aging and Formal Health Care was co-sponsored by the National Institute on Aging and the National Center on Health Services Research and Health Care Technology Assessment to review substantive research in this area and to identify new directions for future research. The conference highlighted many promising research areas, emphasizing three that require immediate attention by social and behavioral scientists: (1) determinants and consequences of organizational aspects of aging and formal health care; (2) provider-patient behaviors and interactions in aging populations; and (3) long term institutional care for older adults. Research attention to aging and formal health care has been further spurred by Congressional interest for FY 1987 in "the medical and nonmedical long-term care needs of aged persons with chronic illnesses and their families" (Congressional Report 99-711, p.74).

SPECIFIC OBJECTIVES

The organization of health services:

Research is needed to specify the manner in which the structure, financing, and other aspects of health services affect the health and behaviors of aging people and their families. Structural characteristics might include, for example, factors such as type of service, care setting, mix of health care and social service providers, practice characteristics or forms of provider reimbursement. Studies of innovative techniques for coordinating care and of the medical and social correlates of new and developing forms of home and community care are needed. Examples of research topics include:

- o Macro-structural influences (e.g., national health care policies) on informal and formal health care behaviors and patient outcomes.
- o The influence of organizational characteristics of health care institutions on patient behaviors and morbidity and mortality.
- o The nature and consequences of organizational coordination--or lack of coordination--among different systems of care utilized by older persons, e.g., home health, respite or day care, hospital, or nursing home including the links to informal care.
- o The impact of changing social and cultural factors in an aging population on the organization of health care and related health outcomes.
- o The social processes involved in the allocation of specific individuals to specific care settings and the consequences of these assignments with particular attention to special populations such as the oldest old, rural elderly, or minorities.
- o The impact of innovative alternative delivery systems and interventions on the quality of care and the older patient's health and functioning.

Patient-provider behaviors and interactions:

Few studies examine how aging processes affect provider-patient relationships. This solicitation calls for a dynamic approach for studying the determinants and consequences of provider, patient, and patient-provider behaviors and interactions. Studies are needed on the process of provider-patient interactions as well as on the outcome of these interactions. Examples of research topics include:

- o The impact of provider characteristics, patient characteristics (e.g., minority status, affliction with Alzheimer's Disease) and the context of care on provider-patient interactions (e.g., time spent with patient, manner of communication) and related patient outcomes.
- o Analyses of the content and processes of provider-patient interactions, including the congruence or discordance of provider and older patient's attitudes and expectations.
- o The effects of provider-patient interactions on health outcomes such as compliance, satisfaction, future health care utilization and health status among elderly patients.
- o The roles of family members, friends and other sources of social support in provider-patient relationships.
- o The effect of new forms of medical practice or modes of payment on physicians' interactions with elderly patients.
- o An examination of the nature of interactions among the variety of practitioners (medical and social) that older people seek help from for illness episodes.
- o Coordination and monitoring of health care across successive episodes of illness, as a person grows older.

Social and behavioral aspects of institutional care:

While predictors of institutionalization in nursing homes have been fairly well studied, less is known about the processes of care or the movement through nursing homes and the wide variety of newly emerging types of institutional care (e.g., day care, respite care, community home care services). Research is needed on how social, behavioral and environmental factors are related to the health and functioning of frail elderly and their various types of caregivers. The issue of heterogeneity of institutional populations has been largely ignored, particularly in linking individual variations to health and functioning outcomes over the course of the institutional stay. Also important are factors affecting the movement in and out of different residential care settings and factors in length of stay. Examples of research topics that need examination are:

- The process of institutionalization, including the discrete series of events and decisions leading to particular types of institutional placement.
- Analysis of the major sources of variation in the nursing home or other institutional populations, including development of typologies for classifying the population into relevant subgroups.
- Descriptive research on the "everyday" living of patients in a variety of institutional settings.
- Conceptualization and analysis of the relevant parameters of the social and physical environment and the effects of those environments upon resident outcomes.
- Predictors of family involvement in institutional care and the effects of this involvement upon health and functioning.
- "Natural history" of therapeutic decisions and service delivery.
- Factors within the institution (e.g., practices of rehabilitation or encouraging independence) that influence the length of stay.
- Development and testing of social and behavioral interventions to promote health and functioning of older persons in institutional settings.

MECHANISMS OF SUPPORT

Applicants funded under this announcement will be supported through the Public Health service grant award in accordance with PHS policies applicable to research project and training grants.

REVIEW CRITERIA

Applications will be assigned to the appropriate group for review and will be reviewed in accordance with the usual NIH peer review procedures. The review criteria are the traditional considerations underlying scientific merit.

APPLICATION PROCEDURES

Researchers considering submitting an application in response to this announcement are strongly encouraged to discuss their project and the range of grant mechanisms available with NIA staff in advance of formal submission. This can be done either through a telephone conversation or through a brief written letter of intent describing the proposed project and identifying the principal investigator and, when known, other key participants.

Applicants should use the regular research grant application form (PHS 398, rev. 9/86), or, for individual fellowship applications, form PHS 416.1. These forms are available at the applicant's institutional Application Control Office or from:

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892**
Telephone: (301) 496-7441

In order to expedite the application form's routing within NIH, please (1) check the box on the application form's face sheet indicating that your proposal is in response to this announcement and print (next to the checked box) NIA AGING AND FORMAL HEALTH CARE and (2) enclose a cover letter repeating that your application is in response to this announcement. Standard receipt dates for all mechanisms are in effect.

Mail the cover letter and the completed application (with 6 copies) to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892**

Inquiries

Applications will be received by the NIH Division of Research Grants. It should also be recognized that along with the NIA, other Federal components, such as the National Center for Health Services Research and Health Care Technology Assessment and the National Institute of Mental Health also support research on formal health care. Responsive applications will be assigned according to the standard Public Health Service referral guidelines. Dual and multiple assignments will be used in situations of mutual interest. Address requests for additional information, research prospectuses, and/or letters of intent to:

National Institute on Aging
Behavioral and Social Research
Attention: AGING and HEALTH CARE
Building 31C - Room 4C32
Bethesda, Maryland 20892
Telephone: (301) 496-3136

This program is described in the Catalog of Federal Domestic Assistance No. 13.866, Aging Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 1 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency review.

STUDIES IN COLLABORATION WITH MATERNAL-FETAL, PERINATAL, AND NEONATAL RESEARCH UNITS SUPPORTED BY THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

P.T. 34; K.W. 0710030, 0785130

National Center for Nursing Research

The National Center for Nursing Research is interested in supporting research by nurse investigators who wish to collaborate with, and contribute to, the research in the ongoing networks supported by the NICHD. Nurse scientists who are interested in carrying out research projects in conjunction with any of the established units should contact the appropriate medical director for information about their network/center research focus.

For further information about the intent of this announcement, contact:

Dr. Deidre M. Blank
Chief, Health Promotion and Disease Prevention Branch
National Center for Nursing Research
Building 38A, Room B2E17
National Institutes of Health
Bethesda, MD 20894
Telephone: (301) 496-0526

MATERNAL-FETAL MEDICAL UNIT NETWORK

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Baltimore, MD 21205
Telephone: (301) 955-6735

Steve N. Caritis, M.D.
Department of Obstetrics and Gynecology
Magee-Women's Hospital
Forbes and Halket Street
Pittsburgh, PA 15213
Telephone: (412) 647-4220

Richard H. Paul, M.D.
Director, Division of Maternal-Fetal Medicine
LAC/USC Medical Center
Women's Hospital, Room 5K40
1240 North Mission Road
Los Angeles, CA 90033
Telephone: (213) 266-3348

John C. Hobbins, M.D.
Professor, Obstetrics/Gynecology and
Diagnostic Radiology Department
Yale University School of Medicine
333 Cedar Street
New Haven, CT 06510
Telephone: (203) 785-2173

NEONATAL INTENSIVE CARE UNIT

Avroy A. Fanaroff, M.D.
Professor, Department of Pediatrics
Rainbow Babies and Childrens Hospital
2101 Adelbert Road
Cleveland, OH 44106
Telephone: (216) 844-3387

George Cassady, M.D.
Professor of Pediatrics
Department of Pediatrics
University Hospital
University of Alabama at Birmingham
University Station
Birmingham, AL 35294
Telephone: (205) 934-4680

Charles R. Bauer, M.D.
Associate Director
Division of Neonatalogy
Department of Pediatrics (R-131)
University of Miami
P.O. Box 016960
Miami, FL 33101
Telephone: (305) 547-5808

Jerold F. Lucey, M.D.
Professor, Division of Newborn Services
Department of Pediatrics
University of Vermont College of Medicine
Given Building
Burlington, VT 05405
Telephone: (802) 656-2867

Ronald L. Poland, M.D.
Associate Professor
Department of Pediatrics
Children's Hospital of Michigan
3901 Beaubien Boulevard
Detroit, MI 48201
Telephone: (313) 494-5640

Jon E. Tyson, M.D.
Associate Professor, Clinical Pediatrics
Department of Pediatrics
Southwestern Medical School
5323 Harry Hines Boulevard
Dallas, TX 75235
Telephone: (214) 688-3753

Sheldon B. Korones, M.D.
Professor, Departments of Pediatrics, OB/GYN
The University of Tennessee Newborn Center
853 Jefferson Avenue, Room 301
Memphis, TN 38163
Telephone: (901) 528-5950

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Dr. L. Stanley James
Columbia Presbyterian Medical Center
Department of Pediatrics - BH 115
630 West 168th Street
New York, New York 10032
Telephone: (212) 305-5827

Dr. Paul MacDonald
Director, Cecil H. & Ida Green Center for
  Reproductive Biology Sciences
University of Texas Health Sciences Center
5323 Harry Hines Boulevard
Dallas, TX 75235
Telephone: (214) 688-3260

Dr. William Oh
Pediatrician-in-Chief
Womens and Infants Hospital
50 Maude Street
Providence, RI 02008
Telephone: (401) 274-5983

Dr. Satish Kalhan
Director, Pediatric Metabolism
Cleveland Metropolitan General Hospital
Bellgreve Building, Room 731
3395 Scranton Road
Cleveland, OH 44109
Telephone: (216) 459-4262/4238

Dr. Edgard Makowski
Professor and Chairman
Department of Obstetrics and Gynecology
University of Colorado School of Medicine
Denver, CO 80262
Telephone: (303) 394-7616

Dr. Reginald Tsang
Professor of Pediatrics and
  Obstetrics and Gynecology
University of Cincinnati Medical Center
College of Medicine
231 Bethesda Avenue
Cincinnati, OH 45267-0541
Telephone: (513) 872-5341

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5333 Westbard Avenue
Bethesda, Maryland 20816

ERRATUM

REVISIONS TO PHS CLAUSES: "PROTECTION OF HUMAN SUBJECTS" AND "CARE OF VERTRBRATE ANIMALS"

P.T. 34,16; K.W. 0201011, 0783005

The notice on the above topic that appeared in the May 29, 1987 issue of the GUIDE (Vol. 16, No. 18) included an incorrect citation to a Federal Register notice. The final rule revising these PHS clauses appeared in the March 24, 1987 Federal Register (Vol. 52, No. 56).

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

VOL. 16, NO. 20 - June 12, 1987

Vol. 16, No. 20, June 12, 1987

SPECIAL ISSUE - NATIONAL RESEARCH SERVICE AWARDS

NATIONAL INSTITUTES OF HEALTH

NATIONAL RESEARCH SERVICE AWARD

INSTITUTIONAL GRANTS

P.T. 44; K.W. 0720005, 1014002

AUTHORITY AND PURPOSE

Under authority of Section 487 of the Public Health Service (PHS) Act as amended (42 USC 288), the National Institutes of Health (NIH) will award National Research Service Award (NRSA) institutional grants to eligible institutions to develop or enhance research training opportunities for individuals selected by them who are training for careers in specified areas of biomedical and behavioral research. This announcement contains a current description of areas in which research training will be supported (see page 5). Applications that do not fall within the specified areas will be returned to applicants. Preapplication consultation with NIH is highly desirable, especially where predoctoral training is planned. Contacts are listed in the descriptions of research areas.

The purpose of the NRSA program is to help ensure that highly trained scientific manpower will be available in adequate numbers and in the appropriate research areas and fields for the nation's biomedical and behavioral research agenda. Title 42 of the Code of Federal Regulations, Part 66, is applicable to this program as are the following Catalog of Federal Domestic Assistance numbers: 13.121, 13.122, 13.297, 13.306, 13.361, 13.398, 13.821, 13.837-13.839, 13.846-13.849, 13.853-13.856, 13.859, 13.862-13.871, 13.880, and 13.894. Brief descriptions of other selected PHS institutional training programs may be found on page 5.

LEVELS OF TRAINING

Applications will be accepted for predoctoral and/or postdoctoral training. Emphasis will be to stabilize fundamental training in the basic disciplinary areas at the predoctoral level and to use specialized training at the postdoctoral level to meet national research priorities. Training grants are a desirable mechanism for the postdoctoral training of physicians and other health professionals whose doctoral training usually involves only limited research experience. For such individuals, the training may be a part of a research degree program.

APPLICANT ELIGIBILITY REQUIREMENTS

Domestic nonprofit private or public institutions may apply for grants to support research training programs. The applicant institution must have, or be able to develop, the staff and facilities required for the proposed program. The training program director at the institution will be responsible for the selection and appointment of trainees to receive NRSAs and for the overall direction of the program.

The training program must provide opportunities for individuals to carry out supervised biomedical or behavioral research with the primary objective of extending their skills and knowledge. Clinical departments or programs should have a significant relationship with basic scientists that will assure trainees with clinical backgrounds the opportunity to acquire the necessary foundation for future investigative work.

GENERAL PROVISIONS

NRSAs may not be used to support studies leading to the M.D., D.O., D.D.S., D.V.M., or other similar professional degrees, or to support residencies, which means postgraduate training for doctors of medicine, osteopathy, dentistry, optometry, and podiatry, nurses, and other individuals providing health care directly to patients, where the majority of their time is spent in non-research clinical training. However, if a specified period of full-time research training is creditable toward specialty board certification, the NRSA may support such research training if the trainee has shown a clear interest in a research career. Physicians accepted for an NRSA appointment who have had little or no prior research training should be committed to at least two years of initial research training.

Trainees are required to pursue their research training on a full-time basis devoting at least 40 hours per week as specified by the sponsoring institution in accordance with its own policies. Research trainees in clinical areas are expected to devote their time to the proposed research training and to confine clinical duties to those which are a part of the research training.

TRAINEE ELIGIBILITY REQUIREMENTS

The individual to be trained must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence (i.e., in possession of the Alien Registration Receipt Card I-551 or I-151) at the time of appointment. Individuals on temporary or student visas are not eligible.

Predoctoral trainees must have received a baccalaureate degree as of the beginning date of their NRSA appointment, and must be training at the postbaccalaureate level in a program leading to the award of a doctor of philosophy of science or equivalent degree. Individuals who wish to interrupt their medical, veterinary, dental, or other professional school studies for a year or more to engage in full-time research training before completing their professional degrees are eligible; however, prior approval by the NIH is required before their NRSA appointment.

Postdoctoral individuals must have received, as of the beginning date of the NRSA appointment, a Ph.D., M.D., D.O., D.D.S., D.V.M., O.D., D.P.M., Sc.D., Eng.D., Dr.P.H., D.N.S., or equivalent degree from an accredited domestic or foreign institution. Certification by an authorized official of the degree granting institution that all degree requirements have been met is acceptable.

RECRUITMENT AND APPOINTMENT OF TRAINEES

The primary objective of the NRSA program is the preparation of qualified individuals for careers in biomedical and behavioral research. Within the framework of the program's longstanding commitment to excellence and projected needs for investigators in particular areas of research, it is important that attention also be given to recruiting individuals from minority groups that now are underrepresented nationally in the biomedical and behavioral sciences. Application information on plans for the recruitment of trainees should include a description of steps to be taken for the recruitment of individuals from underrepresented minority groups. Also, renewal applications should include cumulative information on the subsequent career development of all trainees, including information about their minority status.

Also program directors should be aware of a recruitment pool in the nurse community which may have been overlooked. NRSA program directors should make information about their programs available to the nursing profession.

PAYBACK PROVISIONS

Before trainees can be appointed to a training grant, they must sign an agreement that they will fulfill the NRSA payback requirements. Recipients agree to engage in biomedical or health-related behavioral research and/or teaching for a period equal to the period of NRSA support in excess of 12 months. Once an individual has had 12 months of postbaccalaureate NRSA support, all subsequent NRSA support is subject to payback.

Recipients must begin to undertake the obligated service on a continuous basis within 2 years after termination of NRSA support. For individuals who fail to fulfill their obligation through service, the United States is entitled to recover the total amount of NRSA funds paid to the individual for the obligated period plus interest at a rate determined by the Secretary of the Treasury. Financial payback must be completed within three years beginning on the date the United States becomes entitled to recover such amount. Under certain conditions, the Secretary of Health and Human Services may extend the period for starting service or for repayment, permit breaks in service, or otherwise waive or suspend the payback obligation of an individual.

Applicant organizational officials responsible for recruitment of trainees should familiarize themselves with the terms of the service requirements and explain them to prospective training candidates before or at the time an appointment at the institution is offered.

STIPENDS AND OTHER TRAINING COSTS

The current stipend level for predoctoral individuals at all levels of experience is $6,552 per annum.

For postdoctorals, the stipend for the first year of support is determined by the number of years of relevant postdoctoral experience at time of appointment. Relevant experience may include research experience (including industrial), teaching, internship, residency, or other time spent in full-time studies in a health-related field beyond that of the qualifying doctoral degree. The stipend for each additional year of NRSA support is the next level on the stipend scale. Current postdoctoral stipends are as follows:

Years of Relevant Experience	Stipend
0	$15,996
1	17,004
2	21,996
3	23,004
4	24,000
5	26,004
6	27,996
7 or more	30,000

NRSA stipends may be supplemented by an institution from non-Federal funds. No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived. An individual may make use of Federal educational loan funds or V.A. benefits when permitted by those programs. Under no circumstances may the conditions of stipend supplementation detract from or prolong the training.

The Tax Reform Act of 1986, Public Law 99-514, impacts on the tax liability of all individuals supported under the NRSA program. Degree candidates who, prior to the enactment of Public Law 99-514, were able to exclude all monies received under an NRSA award from their reported income, may now exclude only course tuition, fees, books, supplies and equipment required for attendance. Non-degree candidates, who formerly were able to exclude from stipends $300 a month for a period not to exceed 3 years will now be required to report all stipends and any monies paid on their behalf for course tuition and fees required for attendance. These new statutory requirements are in force as of January 1, 1987.

NIH is not in a position to advise students or institutions about their tax liability. In any event, changes in the taxability of stipends in no way alters the relationship between NRSA fellows, trainees and institutions. NRSA stipends are not now, and never have been, salaries. Trainees supported under the NRSA are not in an employer-employee relationship with NIH or the institution in which they are pursuing research training.

Tuition and fees, including medical insurance, are allowable trainee costs if such charges are required of all persons in a similar training status at the institution, without regard to their source of support. Tuition at the postdoctoral level, if justifiable, is limited to that required for specific courses in support of the approved training program. Annual increments in tuition costs beyond the first year of a multi-year award (generally 5 years) may not exceed six percent.

Trainee travel, including attendance at scientific meetings, which the institution determines to be necessary to the individual's training, is an allowable trainee cost.

Institutional costs of up to $1,500 per year per predoctoral trainee and up to $2,500 per year per postdoctoral trainee may be requested to defray the costs of other training related expenses, such as staff salaries, consultant costs, equipment, research supplies, and staff travel. Also, an indirect cost allowance based on 8 percent of total allowable direct costs, or actual indirect costs, whichever is less, may be requested. Applications from State and local government agencies may request full indirect cost reimbursement.

PERIOD OF SUPPORT

Institutional grants may be made for competitive segments of up to 5 years and are renewable. No individual trainee may receive more than 5 years of aggregate NRSA support at the predoctoral level and 3 years of aggregate NRSA support at the postdoctoral level, including any combination of support from institutional training grants and individual fellowship awards. Any exception to the trainee support policy requires a waiver from NIH. The grounds for approving extensions of support can be found in the document titled "National Research Service Awards - Guidelines for Individual Awards - Institutional Grants," dated January 6, 1984.

REVIEW PROCESS

Applications are evaluated for merit by NIH initial review groups based on the following criteria: the proposed research training objectives and program design, the qualifications of participating faculty, the previous training record of the research program and its ability to attract high caliber trainees, the availability of research support, the extent of the institutional commitment, and the available facilities. The initial review groups, following their assessment of the quality of training grant applications and assignment of priority scores indicative of merit, will comment on each applicant's plans for attracting individuals from underrepresented minority groups into the research training program. These commentaries will cover accomplishments in recruiting individuals from underrepresented minority groups and in training them for research positions, when the application is a renewal of an award made under the new guidelines. Applications are also reviewed by the Council, Board, or other advisory group to the NIH Bureau, Institute, or Division (BID) whose activities relate to the proposed research training. These advisory groups will include among the information they consider, the initial review groups' comments on the recruitment of individuals from underrepresented minority groups into the training program. Final selection will be made based on the review groups' recommendations, the need for research personnel in specified program areas, and the availability of funds. The BID will notify the applicant of the final action shortly after the advisory group meeting.

REVIEW SCHEDULE:

Application Receipt Date	Initial Review Meeting	Council/Board Meeting	Earliest Start Date
January 10	June	September/October	December 1
May 10	October/November	January/February	April 1
September 10	February/March	May/June	July 1

Most institutional training grants have a start date of July 1. Several BIDs make funding decisions once a year in January, or earlier, in order to provide program directors with an adequate recruitment period. A few BIDs restrict receipt and review dates to once a year. Applicants are strongly encouraged to contact appropriate BID staff before submitting an application.

APPLICATION PROCEDURES

Application is made on Grant Application Form PHS 398 (Rev. 9/86). This revision, which replaces Training Grant Application PHS 6025-1 (Rev. 1/83), contains special instructions for institutional NRSAs. Forms are usually available at institutional offices of sponsored research or their equivalent. If not available locally, send a request accompanied by a self-addressed mailing label to:

Office of Grants Inquiries
Division of Research Grants
Westwood Building - Room 449
National Institutes of Health
Bethesda, Maryland 20892

ADDITIONAL INFORMATION

For additional information, see the document entitled "National Research Service Awards - Guidelines for Individual Awards - Institutional Grants," dated January 6, 1984, usually available at the institution; contact the appropriate individual listed under NIH research areas; or contact:

Mr. Nicholas Moriarty
Office of the Chief
Referral and Review Branch
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7221

OTHER NRSA INSTITUTIONAL RESEARCH TRAINING PROGRAMS

SHORT-TERM RESEARCH TRAINING FOR STUDENTS IN HEALTH PROFESSIONAL SCHOOLS

Certain BIDs offer programs designed to introduce students in health professional schools to the opportunities inherent in a research career by supporting full-time research training during off quarters or summer sessions. Prospective applicants are strongly encouraged to contact appropriate BID staff before submitting an application.

SPECIAL PROGRAMS FOR MINORITY INSTITUTIONS

Contact the following BIDs about special training programs for institutions with predominantly minority enrollments.

Minority Access to Research Careers
(MARC), National Institute of
General Medical Sciences
National Institutes of Health
Westwood Building, Room 9A-18
Bethesda, MD 20892

The National Heart, Lung
and Blood Institute
(See appropriate NHLBI
contact listed below)

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

This agency also provides support through NRSA institutional grants at both the predoctoral and postdoctoral levels. For information and application forms, contact the following offices:

Grants Management Officer
National Institute of Alcohol Abuse and Alcoholism
Room 16-86
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4703

Grants Management Officer
National Institute of Drug Abuse
Room 10-25
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6710

Grants Operation Section
Grants Management Branch
National Institute of Mental Health
Room 7C-05
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4414

NIH RESEARCH AREAS OF INTEREST AND STAFF CONTACTS

For purposes of assignment to the appropriate NIH funding component and initial review group, an application should be identified as responding to one of the areas listed below. Applicants should contact the individuals designated below for additional information concerning the areas of research, if an application including predoctoral training is planned, and for preapplication consultation.

NATIONAL INSTITUTE ON AGING (AG)

Awards may be for predoctoral and postdoctoral trainees or a combination of the two. Training may be for laboratory, clinical, or field research, and may be multidisciplinary. It may relate to:

1. The biology of aging including, but not limited to, cellular and molecular mechanisms, animal models, genetics, immunology, neurobiology, endocrinology, nutrition, exercise physiology, and pharmacology at the tissue and organ level as well as in intact organisms. Special emphasis is given to research using mammalian systems or models.
2. Physiologic changes with age in the nervous, endocrine, immune, musculoskeletal and other organ systems.

3. Special medical problems of the aged: diseases concentrated predominantly among the elderly, or special factors affecting the pathogenesis, diagnosis, treatment or prevention of diseases in the elderly.

4. Neuroscience and neuropsychology of aging and the aged; change in sensory function or sensory integration; alzheimer disease and other dementias; neuropsychological diagnostic indicators; epidemiology and biostatistics.

5. Psychological aspects of aging and the aged, e.g., biopsychological and cognitive factors; personality; attitudinal changes with aging; stress and coping; and influence of behavior on health and effective functioning.

6. Societal aspects of aging, e.g., changing social and demographic structure of the population as a whole; influence of societal structures on behavior, attitudes, health, and statuses of older people; ways in which social institutions affect and are affected by the growing numbers of older people.

Dr. Miriam Kelty
Telephone: (301) 496-9322

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (AI)

1. Allergic and Immunologic Diseases and Basic Immune Mechanisms

   Allergy
   Immunochemistry
   Immunology
   Immunopathology
   Immunogenetics
   Clinical Immunology
   Autoimmunity
   Transplantation Biology

2. Infectious Diseases and Basic Microbiological Mechanisms

   Bacteriology
   Virology
   Parasitology
   Mycology
   Pathogenesis of Infectious Diseases

3. Epidemiology of Allergic, Immunologic and Infectious Diseases

Proposed institutional training programs may be multidisciplinary.

Dr. William Bennett
Telephone: (301) 496-5030

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES(AR)

The Institute supports research training in basic and clinical disciplines where the project relates to the programs of the Institute. Major areas include:

1. Structure, function and physiology of connective tissue, joints, muscle, bone and skin

2. Metabolism of muscle, bone and skin

3. Development and genetic diseases of connective tissue, muscle, bone and skin

4. Exercise physiology of the musculoskeletal system and gait analysis

5. Rheumatic and connective tissue diseases and disorders

6. Bone diseases and disorders

7. Muscle diseases

8. Musculoskeletal disorders

9. Skin diseases and disorders

Dr. Richard W. Lymn
Telephone: (301) 496-7495

NATIONAL CANCER INSTITUTE (CA)

The goal of the Cancer Research Manpower Development Program is to ensure that an adequate number of highly competent basic and clinical cancer research specialists will be trained to meet needs in the following areas of cancer research:

1. Etiology
2. Prevention
3. Detection
4. Diagnosis
5. Treatment
6. Restorative Care

Applications in surgical, radiation and preventive oncology are of special interest. Proposed institutional training programs may be multidisciplinary.

Dr. Barney Lepovetsky
Telephone: (301) 427-8898

NATIONAL INSTITUTE OF DENTAL RESEARCH (DE)

The Institute supports research in basic and clinical disciplines related to the following areas:

1. Behavioral Studies
2. Caries
3. Craniofacial Anomalies including Malocclusion
4. Epidemiology
5. Oral Medicine
6. Pain Control
7. Periodontal Disease
8. Restorative Materials

Applicants are urged to consult with NIDR staff prior to preparation of proposals.

Dr. Thomas M. Valega
Telephone: (301) 496-6324

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (DK)

Proposals should demonstrate capability to provide opportunity for (1) the clinically-trained to acquire expertise in scientific research; e.g., biochemistry, biophysics, cell biology, epidemiology, genetics, physiology, or psychology; and (2) the scientifically-trained to obtain further training in biomedical research or clinical investigation relating to:

1. Diabetes, Endocrine or Metabolic Diseases
2. Digestive Diseases, Liver Diseases or Nutrition
3. Kidney, Urologic or Hematologic Diseases

Dr. Walter Stolz
Telephone: (301) 496-7277

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (ES)

1. Environmental Toxicology (including Teratogenesis, Carcinogenesis and Behavioral Toxicology)
2. Environmental Mutagenesis
3. Environmental Pathology - Pathophysiology
4. Environmental Epidemiology and Biostatistics

Dr. Christopher Schonwalder
Telephone: (919) 541-7634

NATIONAL EYE INSTITUTE (EY)

Training is directed primarily to clinical and scientific investigators who are outstanding candidates for independent research on eye diseases and visual problems affecting man. Trainees are "enrolled" in formal, multidisciplinary, programs of research training which emphasize laboratory and clinical research on clinically important, disease-oriented areas of investigation, and which emphasize scientific areas of high programmatic relevance to the National Eye Institute as described in "Vision Research - A National Plan: 1983-1987".

Dr. Peter Dudley
Telephone: (301) 496-5301

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (GM)

Awards will be made to applicants presenting the most meritorious, broadly-based programs in the following areas, which match the NIGMS research programs:

For Predoctoral Training Grants:

1. Cellular and Molecular Biology
2. Genetics
3. Pharmacological Sciences
4. Systems and Integrative Biology
5. Medical Scientist Program (combined M.D./Ph.D. degree program)

For Postdoctoral Training Grants:

1. Basic Pathobiology
2. Clinical Pharmacology
3. Genetics (with emphasis on Medical Genetics)
4. Trauma and Burn Research
5. Anesthesiology

Dr. John Norvell
Telephone: (301) 496-7260

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (HD)

Awards provide opportunities for research training in the biological and/or behavioral science aspects of the areas listed below. Primary concern in awarding institutional awards will be given to multidisciplinary or interdisciplinary programs which cannot be provided through individual fellowships. Although major concern is for postdoctoral training, predoctoral training will be considered where a special case for support can be justified.

Center for Research for Mothers and Children

1. Pregnancy and Infancy
2. Developmental Biology and Nutrition
3. Learning and Behavior
4. Mental Retardation

Center for Population Research

1. Fertility - Infertility
2. Fertility Regulation
3. Nutrition and Reproduction
4. Social and Behavioral Aspects of Reproduction
5. Population Change

Ms. Hildegard Topper
Telephone: (301) 496-1848

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (HL)

1. Division of Heart and Vascular Diseases

The research training may be in fundamental studies of basic processes and functions; behavioral studies, including risk factor modification (e.g., diet, smoking); genetics (including studies of populations); and primary or secondary prevention or clinical investigations directed toward long-term involvement in research toward increasing our knowledge and understanding in cardiovascular areas related to our programs in:

Hypertension
Arteriosclerosis
Coronary Heart Disease
Cardiovascular Aspects of Diabetes
Arrhythmias
Heart Failure and Shock
Cerebrovascular Disease
Peripheral Vascular Disease
Congenital and Rheumatic Heart Diseases
Cardiomyopathies and Infections of the Heart
Circulatory Assistance
Cardiovascular Devices and Technology

Dr. D. M. MacCanon
Telephone: (301) 496-1724

2. Division of Lung Diseases

The Division supports multidisciplinary research training in fundamental and clinical disciplines. Training programs should be addressed to one or more of the following categories:

Structure and Function of the Lung
Pediatric Pulmonary Diseases
Emphysema and Chronic Bronchitis
Fibrotic and Immunologic Lung Diseases
Respiratory Failure
Pulmonary Vascular Diseases
Epidemiology of Respiratory Diseases

Ms. Diane Aiken
Telephone: (301) 496-7668

3. Division of Blood Diseases and Resources

The Division supports research training programs that will allow: 1) the clinically-trained to acquire expertise in basic science disciplines, such as biochemistry, physiology, genetics, cellular and molecular biology, biophysics, endocrinology, or immunology; and 2) the scientifically-trained to enhance their skills in biomedical research technologies and in clinical investigation related to:

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Thrombosis
Hemostasis
Red Blood Cell Diseases
Sickle Cell Disease
Blood Resources
Transfusion Medicine

Dr. Fann Harding
Telephone: (301) 496-1817

NATIONAL CENTER FOR NURSING RESEARCH (NR)

Nursing research and research training related to patient care, the promotion of health, the prevention of disease, and mitigation of the effects of acute and chronic illnesses and disabilities. In support of studies of nursing interventions, procedures, delivery methods, and ethics of patient care, NR programs are expected to complement other biomedical research programs that are primarily concerned with causes and therapy of disease.

Director, Division of Extramural Programs
Telephone: (301) 496-0526

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE (NS)

Applications are accepted in the following four areas. Listed are examples of training disciplines in which applications would be appropriate.

1. Basic Neurosciences

    Developmental Neurology
    Neuroanatomy
    Neurobiology
    Neurochemistry
    Neuroimmunology
    Neuropharmacology
    Neurophysiology
    Neuroradiobiology
    Neurovirology
    Sensory Physiology and Biophysics

2. Clinical Neurosciences

    Clinical Investigation
    Neuroepidemiology
    Neuropathology

3. Basic Communicative Sciences

    Audiology
    Sensory Physiology and Biophysics
    Speech Pathology

4. Clinical Communicative Sciences

    Audiology
    Clinical Investigation
    Otopathology
    Speech Pathology

Ms. Kathryn Phillips
Telephone: (301) 496-4188

DIVISION OF RESEARCH RESOURCES (RR)

Laboratory Animal Science and Medicine

Dr. William I. Gay
Telephone: (301) 496-5175

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NIH GUIDE FOR GRANTS AND CONTRACTS
Vol. 16, No. 21, June 19, 1987

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NOTICE

REVISION OF CANCER CENTER SUPPORT GUIDELINES

P.T. 04, 34; K.W. 0715035, 0710030, 1014002

National Cancer Institute

The National Cancer Advisory Board at its meeting on May 26, 1987 approved several revisions to the Guidelines for Cancer Center Support Grants (CCSG), also known as Cancer Center "Core" grants. Copies of the revised Guidelines have been distributed to the Directors of all NCI-designated Cancer Centers. Copies for general distribution will be available after July 15, and may be obtained by contacting:

Lucius F. Sinks, M.D.
Chief, Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
National Institutes of Health
Blair Building, Room 714
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8663

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

LITERATURE SURVEILLANCE FOR NATURAL PRODUCTS WITH POTENTIAL ANTI-AIDS ACTIVITY

RFP AVAILABLE: NCI-CM-87226-53

P.T. 34; K.W. 1004017, 0710080, 1003012

National Cancer Institute

The National Cancer Institute (NCI) is seeking a contractor with the capability to conduct a surveillance of published literature in the natural products area to search for new and novel compounds that may be active against AIDS or have biological activities related to antiviral or immunological properties. This will require surveillance for new natural products reported in pertinent current journals, abstracting services and data bases in areas related to the natural product. The surveillance is expected to cover: (1) Published key journals in natural products, AIDS, virology and immunology areas, and in other fields which may have bearing on activities against AIDS; (2) A comprehensive search of abstracts and data bases, as they are published; and (3) Review of the original articles of the references selected from the above. The contractor shall also perform retrospective taxonomic searches of families and genera which are sources of active leads. The retrospective searches will be performed on an as needed basis, dependent upon the number of actives found from these searches.

This contract will not involve a simple retrieval of articles published, but a selective retrieval, requiring the Principal Investigator (P.I.) to recognize natural products compounds that could be of biological interest to the NCI. It is therefore preferred that the P.I. possess a Ph.D. in organic, medicinal or natural products chemistry, or a closely related discipline and must have a strong background and recent experience with natural products structures and chemical searches, as well as background and experience with evaluation and interpretation of biological data, preferably in the AIDS area. Other staff members should possess a bachelor's degree in either chemistry or library science or equivalent exprience. The offeror must demonstrate awareness of the type and comprehensiveness of the searches and literature data to be submitted. The ability to obtain data in a timely fashion is essential as is the knowledge of the appropriateness of journals to be searched. The offeror must have available adequate facilities and equipment. Also, the offeror must possess appropriate organizational qualifications in the field of literature surveillance. It is anticipated that a single five year incrementally funded contract will be awarded on or about April 1, 1988.

RFP No. NCI-CM-87226-53 will be issued upon written request to Eileen Webster, on or about June 23, 1987 with proposals due approximately forty-five days thereafter. Copies of the RFP may be obtained by sending a written request to:

Eileen D. Webster
Contract Specialist
Treatment Contracts Section, RCB
National Cancer Institute, NIH
Blair Building, Room 216
Bethesda, Maryland 20892

PREPARATION OF RADIOLABELED ANTI-AIDS COMPOUNDS

RFP AVAILABLE: NCI-CM-87227-22

P.T. 34; K.W. 1003006, 1003012, 0780010

National Cancer Institute

The Drug Synthesis and Chemistry Branch (DS&CB), Developmental Therapeutics Program (DTP), Division of Cancer Treatment (DCT), National Cancer Institute (NCI), is seeking organizations having capabilities, resources, and facilities for the preparation, storage and distribution of radiolabeled materials. The objective of this project is obtaining radiolabeled compounds of high purity via synthesis, fermentation, etc., in 1 to 50 millicurie quantities. The major emphasis will be on the preparation of the desired labeled compounds via synthetic procedures and will involve a wide variety of compounds, such as nucleosides, heterocyclic compounds, alkaloids, peptides, anionic dyes, purines, pyrimidines, etc. Compounds required may include one or more of the following radioactive elements: carbon, tritium, deuterium, sulfur, phosphorous, iodine, nitrogen, etc.

Materials will be stored and shipped by the contractor. The contractor must provide suitable storage for approximately 50 radiolabeled compounds. A broad Nuclear Regulatory Commission (NRC) or equivalent license is required. Methods will be available for "cold runs" in many but not all instances. All materials must be completely characterized and assayed as to identity, purity, and radiopurity. A well-instrumented analysis laboratory including a HPLC dedicated to radiosynthesis work and adequate library facilities should be available. It is anticipated that an incrementally funded contract will be awarded for a period of three years beginning on or about May 1, 1988. The Principal Investigator should be trained in organic, medicinal, or radiochemistry, preferably at the Ph.D. level from an accredited school, and should have recent experience in radiochemical synthesis. In lieu of the Ph.D., equivalent experience may be acceptable.

RFP NCI-CM-87227-22 will be issued, upon request to Elizabeth Clark Moore, on or about June 22, 1987 and proposals will be due approximately six weeks thereafter.

Elizabeth Clark Moore
Contract Specialist
Treatment Contracts Section, RCB
National Cancer Institute, NIH

Blair Building Room 216
Bethesda, Maryland 20892
Telephone: (301) 427-8737

CHEMICAL SYNTHESIS OF ANTI-AIDS COMPOUNDS

RFP AVAILABLE: NCI-CM-87229-22

P.T. 34; K.W. 1003006, 1003010

National Cancer Institute

The Drug Synthesis and Chemistry Branch (DC&CB), Developmental Therapeutics Program (DTP), Division of Cancer Treatment (DCT), National Cancer Institute (NCI) is seeking contractors to provide the synthesis of a variety of organic/inorganic compounds. The primary focus will be on the resynthesis of compounds that have been identified by the DTP as meriting investigations. The compounds scheduled for preparation are unobtainable from the original sources and are needed for biological evaluations. It is anticipated that the compounds will be synthesized in quantities of 0.1 to 5 grams using the original synthetic methods. Occasionally, some method development will be required.

The types of compounds to be prepared will include nitrogen, oxygen, and sulfur heterocycles, nucleosides, peptides, coordination complexes, anti-sense nucleic acids, etc. All synthesized compounds shall be characterized to identity and purity.

Each contractor should have available a fully operational facility including all necessary equipment and instrumentation for all aspects of the contract.

NOTE: Two related RFPs are currently available. It is anticipated that multiple incrementally funded contracts will be awarded for a period of three years beginning on or about May 1, 1988. This RFP NCI-CM-87229-22, "Chemical Synthesis for Anti-AIDS Compounds" is an open competition. RFP No. NCI-CM-87231-22 "Chemical Synthesis for Anti-AIDS Compounds by Small Business" is a 100% set aside for small business.

Offerors who qualify as a small business are encouraged to submit proposals under both RFPs; however not more than one award of the available awards (under both RFPs) will be made to any single offering organization.

RFP NCI-CM-87229-22 will be issued, upon request to Elizabeth Clark Moore, on or about June 22, 1987 and proposals will be due approximately six weeks thereafter.

Elizabeth Clark Moore
Contract Specialist
Treatment Contracts Section, RCB
National Cancer Institute, NIH
Blair Building Room 216
Bethesda, Maryland 20892
Telephone: (301) 427-8737

ACQUISITION AND CHARACTERIZATION OF ALLOANTISERA RECOGNIZING PUBLIC SPECIFICITIES OF THE MHC

RFP AVAILABLE: RFP-NIH-NIAID-IAIDP-88-4

P.T. 34; K.W. 0710060, 0780005

National Institute of Allergy and Infectious Diseases

The Genetics and Transplantation Biology Branch of the Immunology, Allergy and Immunologic Diseases Program of National Institute of Allergy and Infectious Diseases (NIAID) is soliciting contract proposals from organizations having the capabilities and facilities for acquisition and characterization of alloantisera recognizing the public specificities of the MHC. Offerors should have demonstrated experience in screening for sera useful in identifying MHC antigens and in all aspects of histocompatibility testing. The capability to manage and analyze pooled data on sera/cell reactions with the purpose of identifying antigenic specificities is also needed.

One or more contracts may be awarded as a result of this solicitation. It is expected that the contract (s) will have a three-year period of performance. Any responsible offeror may submit a proposal which shall be considered by the Government.

RFP-NIH-NIAID-88-4 will be available on or about June 22, 1987. Proposals will be due on or about August 22, 1987.

To receive a copy of this RFP, please supply this office with two self addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office below.

Ms. Rosemary L. McCabe
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 707
National Institutes of Health
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

CLINICAL TRIAL OF THE EFFICACY OF INTRAVENOUS GAMMA GLOBULIN IN THE TREATMENT OF SYMPTOMATIC CHILDREN INFECTED WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

SOURCES SOUGHT ANNOUNCEMENT 87-05

P.T. 34; K.W. 0755015, 0750010, 0715120

National Institute of Child Health and Human Development

The National Institute of Child Health and Human Development (NICHD), in collaboration with the National Institute of Allergy and Infectious Diseases (NIAID), is conducting a randomized double-blind, placebo-controlled clinical trial of the efficacy of intravenous gamma globulin in the treatment of children infected with the human immunodeficiency virus (HIV).

BACKGROUND

The first cases of pediatric acquired immunodeficiency syndrome (AIDS) were reported almost simultaneously by Dr. James Oleske in Newark, New Jersey and by Dr. Arye Rubinstein in Bronx, New York. Currently, approximately five hundred children less than 13 years of age have been diagnosed nationwide with CDC-definition AIDS. However, clinicians in the major centers of pediatric AIDS report that the number of children with symptomatic HIV disease far exceeds this number. The recently released CDC classification scheme for pediatric HIV disease attests to this fact. It is clear that this number will continue to increase. Seroprevalence surveys conducted in two hospitals in the New York metropolitan area examined the occurrence of HIV-antibody in the serum of women delivering on their obstetric service. After a months-long surveillance period, one hospital documented a prevalence rate of 2.00% while the rate of seropositivity in the other hospital approached 3.5%.

In a survey carried out in the northeastern United States in over 7,000 births, samples of infants' blood were documented to contain antibody against HIV with prevalence varying from 7.0/1000 births in an urban area to 1.0/1000 births in suburban-rural areas. This study is ongoing and is being conducted outside of the New York-New Jersey area. Thus, it is clear that pediatric HIV disease is a major problem which will continue to increase.

The children who have AIDS have been documented to have both the opportunistic infections seen in adult AIDS patients as well as severe recurrent bacterial infections. Studies have shown not only defective cell-mediated immunity but also impaired humoral immunity. The picture of infectious disease in young children with perinatally acquired AIDS is further complicated by their lack of natural exposures to infectious agents and their developmentally immature immunologic systems.

In the absence of available anti-viral and immunomodulator therapies, support for these patients includes a number of non-specific interventions including substantial nutritional support. In order to respond somewhat more specifically to the problems of these children a number of clinicians treated their patients with intravenous gamma globulin administered on a regular schedule. Calvelli and Rubinstein, in a study conducted at Albert Einstein in the Bronx, reported a significant reduction in bacterial infections in their treated patients. Currently, at least two major pediatric AIDS centers administer this therapy to a number of their highly symptomatic AIDS patients. Other centers, however, recognize the essentially unproven nature of this treatment and, in general, do not administer this therapy or use it only in highly selected situations. Thus, the trial proposed in this announcement will provide definitive evidence with regard to the efficacy of this treatment.

OBJECTIVES AND SCOPE

The specific aims of the study are to test the following hypotheses in a multi-center trial of the use of intravenous gamma globulin in the treatment of young children with HIV disease:

1. Intravenous gamma globulin (when compared to an identical-appearing intravenously administered placebo [intravenous albumin prepared for investigational use]) administered on an every 28 day schedule in a dose of 400 mg/kg will be demonstrated to increase the survival time of children infected with HIV.

2. This same therapy (when compared to its placebo) will be demonstrated to decrease the number of documented severe bacterial infections in the treated group.

3. This therapy will decrease the number of hospitalizations and the number of hospital days in the treated group.
4. This therapy will limit or interrupt the antigenic stimulation of HIV infected children (stimulation which may cause lymphocyte replication and more rapid progression of the HIV disease) and thus slow the progression of the disease.

This trial will enroll children who are infected with HIV disease and randomize them to receive either gamma globulin (Cutter product) or placebo. Children will be treated as outlined above and outcome assessed by the determination of (1) number of documented severe bacterial infections, (2) number of hospitalizations and hospital days, (3) T-cells and T-cell subsets, (4) specific responses to antigens and mitogens and (5) length of survival. Approximately 100 children will be enrolled over a 6 month period in each arm of the study and each will be followed for one year from entry or until death or study termination. An independent safety committee will periodically monitor study results and consider the early termination of the study if serious adverse effects occur or if substantial efficacy of treatment is demonstrated.

Responses to the announcement by interested clinical investigators should provide the following information:

1. Name and CV of all professional staff who will participate in the conduct of this trial.
2. Documentation specifying how many HIV-infected children less than 13 years of age are currently being followed at the investigator's institution including specification of their current clinical status as defined by the CDC's new pediatric classification system (MMWR, vol. 36, no. 5, 4/27/87).
3. Documentation of total number of children (less than 13) with HIV disease treated by this institution over the last five years.
4. An estimate of number of patients who would likely meet the entry criteria noted above over the next six months and who would participate in the trial.

MECHANISM OF SUPPORT

The mechanism for support for this trial will be through individual subcontract between those institutions selected for participation and the data center selected under a current competitive procurement which will result in a contract with NICHD. The data center will manage all data generated by the trial and will analyze these data for monitoring by the safety committee and for the Steering Committee who will direct the analyses and report the results. The Steering Committee will be composed of investigators from each participating institution, and scientific/programmatic officials from the NICHD and NIAID. The subcontract between the data center and each individual institution will fully support the conduct of the clinical trial at that institution.

Any institution, which wishes to participate and is already a participant in the AIDS Treatment and Evaluation Unit (ATEU) network, can apply to participate in this trial through the ATEUs. This study will be conducted in collaboration with the NIAID and the ATEUs.

Responses to this announcement should be mailed no later than 30 days from the date of publication of this announcement to:

Harvey Shifrin, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health
  and Human Development
Landow 6C29
7910 Woodmont Ave.
Bethesda, MD 20892
Telephone: (301) 496-4611

SOCIAL AND BEHAVIORAL ASPECTS OF HEALTH AND FERTILITY-RELATED BEHAVIOR

RFP AVAILABLE: NICHD-DBS-87-13

P.T. 34; K.W. 0404000, 0413002, 0785055, 0730070

National Institute of Child Health and Human Development

The Demographic and Behavioral Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development, has a requirement for the study of the sexual behavior of men and women in the U.S. The goal of this contract is to obtain assessments regarding the theoretical framework, substantive focus, content and strategy of a large-scale data collection effort focusing on the sexual behavior of both men and women particularly as it relates to contraceptive use and risk of STDs, including AIDS. It is anticipated that one award will be made under this RFP for a period of approximately 12 months.

The basic objectives of the effort will be to review existing research and theory in the areas of psychology, sociology, economics, epidemiology and public health and to recommend content and strategy for a large-scale data collection effort focusing on sexual behavior. The effort will also be required to recommend specific instruments and to provide specific costs estimates for such a study.

Performance of the specified project requires researchers with adequate training and expertise in the behavioral-social population sciences. The offeror must have demonstrated ability in two areas: (1) substantive knowledge of research in the areas of sexual behavior and (2) survey design and sampling. In addition to being able to propose different sampling plan and survey strategies, the offeror must be able to assess the cost implications of different approaches.

RFP-NICHD-DBS-87-13 will be issued on or about July 1, 1987. Proposals will be due approximately 60 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C-25
7910 Woodmont Avenue
Bethesda, Maryland 20892

PROGRAM PROJECTS IN TRANSPLANTATION IMMUNOLOGY

RFA AVAILABLE: 87-AI-18

P.T. 34; K.W. 0710125, 0710065

National Institute of Allergy and Infectious Diseases

Letter of Intent Date: July 15, 1987

Application Receipt Date: October 15, 1987

BACKGROUND INFORMATION

The Genetics and Transplantation Biology Branch of the Immunology, Allergic and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) supports fundamental studies and applied research in immunogenetics and transplantation immunology. Program Projects in Transplantation Immunology are intended to stimulate collaborative, coordinated efforts involving transplant clinicians and basic immunologists for the clarification and manipulation of the immune processes that determine acceptance or rejection of allografts. Three such program projects are currently funded although support for two is scheduled to conclude in 1988. This request for applications (RFA) is intended to encourage the development of proposals from collaborating investigators and to coordinate the submission and review of new and renewal program project applications, providing an equitable opportunity for both to compete for funds currently available to the Program in this area of research.

RESEARCH GOALS AND SCOPE

Applications should heavily emphasize collaboration in research between transplant clinicians and immunologists, and the application of the most up-to-date concepts and techniques of immunology to the evaluation of the immune system of recipients in all circumstances attendant to the transplantation.

The application should describe a multidisciplinary research program that has a well defined central research focus or objective. As with other program projects, the individual projects of which they consist should be interrelated, all contributing to the program objective.

The objectives of the research should be (a) the clarification of the status of the immune systems, specifically of the immunoregulatory balance (1) prior to transplantation in its relatively normal state, or, if the transplant is occasioned by a disturbance of the immune state, in the causative disordered state, (2) in the course of transplant preparation which consists of the reduction of responsiveness (immunosuppression) or the induction of tolerance, (3) postoperatively during maintenance immunosuppression as the graft becomes established, (4) during rejection episodes, and (5) during treatment of rejection, and (b) the modulation of immunological activity on the basis of the information so obtained.

MECHANISM OF SUPPORT

Program project grants are awarded to an institution in behalf of a program director for the support of a broadly-based multidisciplinary, long-term, research program which has a specific major objective or basic theme. A program project generally involves the organized efforts of groups of investigators who conduct research projects related to the overall program objective.

The grant can provide support for the projects and for certain core resources shared by individuals in a program where the sharing facilitates the total research effort. Each component project supported under a program project grant is expected to contribute to and be directly related to a common theme; the projects should demonstrate an essential element of unity and interdependence. At least two awards are planned for 1988.

STAFF CONTACT

A more detailed RFA may be obtained from:

Jane S. Schultz, Ph.D.
Chief, Genetics and Transplantation
  Biology Branch, IAIDP
National Institute of Allergy
  and Infectious Diseases
Westwood Building, Room 754
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5598

Prospective applicants are encouraged to submit a one-page letter of intent that includes a descriptive title of the proposed research and identification of any other participating institutions. The Institute requests such letters by July 15, 1987, for the purpose of providing an indication of the number and scope of applications to be received.

The RFA label available in the 9/86 revision of application form 398 must be affixed to the bottom of the face page. failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review. Letters of intent and should be directed to Dr. Schultz at the address shown.

LUNG FIBROSIS: MECHANISMS OF COLLAGEN GENE EXPRESSION

RFA AVAILABLE: 87-HL-17-L

P.T. 34; K.W. 0765010, 0765015, 0715165

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Division of Lung Diseases of the National Heart, Lung, and Blood Institute invites grant applications to be considered in a single competition for support of research on molecular studies aimed at understanding the mechanisms that regulate collagen accumulation in pulmonary fibrosis. The main objective of this special grant program is to encourage research on collagen gene expression in normal lung and to apply this information to understand how regulatory processes might be perturbed during the pathogenesis of pulmonary fibrosis.

BACKGROUND

The hallmark of pulmonary fibrosis, regardless of its etiology, is collagen accumulation in the interstitium of the lung. During the past decade a wealth of information on the biosynthesis and degradation of collagen has been obtained, yet little is known about how these processes are regulated, especially in the lung. The methods are now available to isolate and study cells, particularly fibroblasts, obtained by biopsy or lavage directly from the lungs of experimental animal models, of normal adults and of patients with pulmonary fibrosis. As a result, it is possible to isolate lung cells which express phenotypic differences in growth and biosynthetic capability. These advances make it feasible to gain a more detailed understanding of how collagen deposition is regulated at the molecular level in both normal and diseased lungs.

OBJECTIVES AND SCOPE

The primary objective of this initiative is the elucidation of molecular mechanisms which regulate the expression of the collagen genes. Research on the regulation of genes, other than the collagen genes, that directly influence collagen deposition in the lung may also be appropriate for this program. Examples are, the genes that code for the multiple enzymes involved in collagen polypeptide processing and genes that code for the collagen degrading enzymes. While the primary emphasis is on the fibroblast, research on other cell types such as endothelial cells or myofibroblasts also may be appropriate.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional, individual research grant. All current policies and requirements that govern the research grant programs of the National Institutes of Health will apply to grants awarded under this RFA. Applications must be received by November 16, 1987. An application not received by this date will be considered ineligible. Awards will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards.

REVIEW PROCEDURES

All applications submitted in response to this RFA will be evaluated for scientific and technical merit by an initial review group, which will be convened for this purpose, by the Division of Extramural Affairs, NHLBI.

METHOD OF APPLYING

Prospective applicants are asked to submit a letter of intent and include the names of any other participating institutions or investigators. This letter should be received no later than August 3, 1987. Requests for copies of this announcement may be directed to:

Anthony R. Kalica, Ph.D.
Interstitial Lung Diseases Branch
Division of Lung Diseases, NHLBI
National Institutes of Health
Westwood Building, Room 6A09
Bethesda, Maryland 20892
Telephone: (301) 496-7034

The RFA label available in the 9/86 revision of application form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

DIETARY CHOLESTEROL EFFECTS ON PLASMA LIPOPROTEINS

RFA AVAILABLE: NIH-87-HL-22-H

P.T. 34; K.W. 0710095, 0765025, 1003016, 1003018, 1002004, 1002008, 0785165

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Lipid Metabolism-Atherogenesis Branch of the Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA are currently available from staff of the NHLBI.

This program will support well controlled studies in human and or animal models on the effects of dietary cholesterol on the concentration, composition and metabolism of both fasting lipoproteins and their subfractions and post-prandial lipoproteins and their subfractions. The range and variability of response, and the parameters influencing the response within and between individuals, are also of prime interest. The main purpose of this special grant program is to evaluate the influence of dietary cholesterol on the atherosclerotic process through its effects on both the risk-associated cholesterol-rich lipoproteins and on the post-prandial lipoproteins whose atherogenicity, while suspected, has yet to be characterized. Among the disciplines and expertise that may be appropriate for this research program are clinical nutrition (particularly as it relates to hyperlipoproteinemia and its treatment), protein and lipid biochemistry, metabolism, molecular and cellular biology, gastroenterology, and pathology.

Requests for copies of the RFA should be addressed to:

Virginia S. Keating, R.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 401
Bethesda, Maryland 20892
Telephone: (301) 496-1681

The RFA label available in the 9/86 version of application form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

NHLBI PROGRAMS OF EXCELLENCE IN MOLECULAR BIOLOGY

RFA AVAILABLE: 87-HL-23

P.T. 34; K.W. 1002008, 0705015, 0705065

National Heart, Lung, and Blood Institute

Application Receipt Date: January 15, 1988

The National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) inviting grant applications to develop a Program of Excellence in Molecular Biology. Each Program of Excellence will support a multidisciplinary team of independent research investigators, and will have two major objectives: first, to foster utilization of molecular biology approaches in research areas within the mission of the National Heart, Lung, and Blood Institute where the use of these technologies has yet to be fully employed; and second, to provide opportunities for investigators who have the potential for independent research careers to become skilled in the experimental strategies and techniques of molecular biology and their application to research relevant to the mission of the Institute.

The total scientific effort must be directed toward a central, unifying theme. In keeping with the tradition of investigator-initiated research, the NHLBI expects the applicants to define their own theme and to develop the approaches that would be used to accomplish the objectives of the proposed research program.

Each applicant has considerable flexibility in devising a plan to accomplish the broad objectives of this RFA on the basis of the imagination and talents of the investigators and the resources and commitment of their respective institutions. However, in order to evaluate the proposed plans effectively, each application should include an assessment of the applicant Institution's current research activities and how these will serve as a basis for development of a program of research using molecular biology approaches, a description of the proposed new program goals to achieve the integration of molecular biology into areas related to the mission of the NHLBI by the end of a seven year period, and a description of the scientific and administrative plans to attain these goals.

PROGRAM FEATURES

To provide a suitable structure for achieving the objectives of the RFA, a Program of Excellence in Molecular Biology will have the following elements:

- o SEVEN YEAR AWARD: This extended period will enable a Program of Excellence to be innovative, to pursue new developments in rapidly advancing areas, to embark on the application of molecular biology to more complex experimental systems, and to develop new experimental models.
- o RECRUIT ESSENTIAL SCIENTIFIC EXPERTISE: In order to provide the most effective combination of scientific disciplines, applicants may request funds to recruit faculty to augment or strengthen the skills and capabilities of existing faculty.
- o INSTITUTIONAL ENVIRONMENT AND RESOURCES: Applicants may request funds for incidental alteration and renovation of facilities consistent with Public Health Service policy, as well as the purchase of equipment needed to conduct research using the technologies of molecular biology.
- o EXPERIMENTAL DESIGN AND METHODS: In an effort to provide broader degrees of research freedom, and to encourage innovative approaches, the application requires only a brief description of the preferred and alternative experimental approaches, strategies and proposed research directions. The application will not require specific details for individual experiments and protocols. In addition, only one consolidated or composite budget will be required.
- o SUPPORT FOR NEW INVESTIGATORS: To provide for the development of new research workers with skills required to conduct research utilizing the technologies of molecular biology, applications may include a request to support young investigators or investigators new to the discipline of molecular biology.

APPLICATION

Applications should be submitted on the revised (9/86) form PHS 398 according to the instructions provided with the form and according to Supplemental Guidelines prepared by the NHLBI. Because of the unique features and goals of the Programs of Excellence, applicants will require these Supplemental Guidelines to prepare an acceptable application.

TIMETABLE

Letter of Intent	September 15, 1987
Application Receipt Date	January 15, 1988
First Stage of Technical Review	March 1988
Second Stage of Technical Review	July 1988
Advisory Council Review	September 8-9, 1988
Award Date	September 30, 1988

INQUIRIES

To obtain copies of the detailed RFA and the detailed Supplemental Guidelines (which must be followed if an acceptable application is to be submitted) contact:

Stephen C. Mockrin, Ph.D.
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building - Room 304
Bethesda, Maryland 20892
Telephone: (301) 496-1627

The RFA label available in the 9/86 revision of application form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

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NIH GUIDE FOR GRANTS AND CONTRACTS
Vol. 16, No. 22, June 26, 1987

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NOTICES

PHS 398 GRANT APPLICATION, REVISED 9/86, NOW AVAILABLE

P.T. 34; K.W. 0710030, 1014002

National Institutes of Health

The newly revised Public Health Service grant application form (PHS 398) is now available. The new version replaces the form presently in use, dated 5/82.

The new PHS 398 application kit includes instructions for applying for new, competing renewal, and competing supplemental research grant support. In addition, the new version incorporates the National Research Service Award (NRSA) Institutional Training Grant form (formerly the PHS 6025 form) as well as supplemental instructions for applying for a Research Career Development Award (RCDA). The new form should be used by NRSA Institutional Training Grant applicants starting with the September 10, 1987 receipt date, and by research grant and RCDA applicants starting with the October 1, 1987 receipt date.

Applicant organizatons should note that a new assurance related to misconduct in science has been added to the application form. This assurance is required under section 493 of the PHS Act as amended by P.L. 99-158, the "Health Research Extension Act". That statute requires the Department of Health and Human Services (DHHS) to issue regulations requiring applicant organizations to establish an administrative process for reviewing reports of scientific fraud and to report to the Secretary any investigation of alleged scientific fraud that appears substantial.

PHS expects to publish a notice of Proposed Rulemaking (NPRM) implementing this requirement in the near future. It is important to note that the legislation does not require, and PHS does not intend to require, agency approval of institutional procedures, nor is it intended that the regulations will spell out in detail the administrative requirements for institutional procedures. Thus it would be quite appropriate for you to check "yes" if your institution has procedures in place now. However, applicants will not be required to provide this certification for the September 10 or October 1 application receipt dates. Future announcements in the GUIDE will note the dates of the proposed and final regulations.

CLARIFICATION OF ELIGIBILITY FOR THE PHYSICIAN SCIENTIST AWARD FOR DENTISTS (K11)

P.T. 34; K.W. 0710030, 0785040, 1014002

National Institute of Dental Research

The announcement describing the Physician Scientist Award for the NIH, which appeared in the "NIH Guide for Grants and Contracts", Volume 15, No. 3, February 28, 1986, included the National Institute of Dental Research accepting applications for this award. To the general NIH announcement, the NIDR added an extra page (#10), specfically directed to the NIDR's "Physician Scientist Award Program for Dentists" (PSA). The NIDR specified that it would accept applications only for the INDIVIDUAL award.

However, we wish to clarify the ambiguity of the following sentence, which appears in the first paragraph of the NIDR page. It now reads:

> "The new Physician Scientist Award (PSA), which is restricted to those holding D.D.S., D.M.D., or other health professional degrees in the clinical sciences, is expected to be helpful in accomplishing this specific aim."

This sentence should read as follows:

> "The new Physician Scientist Award for Dentists (PSA), which is restricted to those holding the D.D.S., D.M.D., or another equivalent dental degree, is expected to be helpful in accomplishing this specific aim."

The remainder of the text of the original NIDR announcement is unchanged.

ESTABLISHMENT OF A SURVEILLANCE SYSTEM OF WOMEN UNDERGOING TREATMENT FOR INFERTILITY WITH IN VITRO FERTILIZATION

RFP AVAILABLE: NICHD-CE-87-06

P.T. 34; K.W. 0413002, 0785055, 1004008

National Institute of Child Health and Human Development

This Procurement is totally set-aside for small business concerns. For purposes of this procurement, a small business concern is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is proposing on government contracts, and whose average annual receipts for the preceding three fiscal years do not exceed $3.5 million.

The Contraceptive Evaluation Branch, Center for Population Research, National Institute of Child Health and Human Development, National Institutes of Health is seeking small business organizations capable of establishing a surveillance system of women undergoing treatment for infertility with in vitro fertilization (IVF) in the United States in order to monitor the medical and lifetime fertility sequelae of the procedure. The objectives of this project are two-fold: (1) to mount a centrally coordinated, collaborative effort which will result in a national registry of these patients and (2) to implement the system established above in order to investigate the extent to which the procedure may produce a wide spectrum of adverse health effects.

The first phase of the project will incorporate identification and selection of the participating clinics, development of the data collection instruments, development of patient follow-up strategies and pilot testing of all mechanisms of the system. The implementation phase will include estimation of risk of various endocrinologic conditions, menstrual disorders, reproductive abnormalities, and psychological sequelae in addition to generating and exploring new medical hypotheses. It is anticipated that this will be a five year project and that a single contract award will be made. It is estimated that the project will require the following personnel: a physician at the coordinating center to serve as principal investigator, a systems analyst, a project manager and clerical support. The participating clinical sites will require project managers (nurse/epidemiologists) and the part-time participation (advisory) of the physician(s) performing the procedure.

Organizations responding to this announcement should have demonstrated competency in managing multicenter collaborative research projects and the capability of meeting the following requirements: (1) Familiarity with the technical aspects of in vitro fertilization procedures and ability to identify clinics with this technology available; (2) Experience in reproductive epidemiology; (3) Ability to train and supervise appropriate personnel at the clinical sites; and (4) Database management skills including quality assurance.

RFP-NICHD-CE-87-06 will be issued on or about July 1, 1987. Proposals will be due approximately 60 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please include a self-addressed label.

Paul J. Duska, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C-25
7910 Woodmont Avenue
Bethesda, Maryland 20892

DIABETES CENTERS

RFA AVAILABLE: 87-DK-10

P.T. 04, 34; K.W. 0715075, 0785050, 0710030

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: October 13, 1987

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites applications for a Center grant to be awarded in Fiscal Year 1988. NIDDK anticipates the competitive award of one Diabetes Endocrinology Research Center (DERC) in Fiscal Year 1988.

BACKGROUND

At the present time, the NIDDK supports six DERCs. These centers are part of an integrated program of diabetes-related research support within the NIDDK. Centers have provided a focus for increasing the efficiency and collaborative effort among groups of successful investigators at institutions with established comprehensive diabetes research bases.

OBJECTIVES AND SCOPE

The objectives of the DERCs are to bring together investigators from relevant disciplines in a manner which will enhance and extend the effectiveness of research being conducted in the field of diabetes and its complications. A Diabetes Center must be an identifiable unit within a single university medical center or a consortium of cooperating institutions, including an affiliated university. The overall goal of the DERC is to bring together on a cooperative basis, clinical and basic science investigators in a manner which will enrich the effectiveness of diabetes research. A program of excellence in biomedical research in the area of diabetes and related metabolic and endocrine disorders in the form of NIH-funded research projects, program projects, or other peer-reviewed research must be in existence at the time of submission of a Center application. Close cooperation, communication, and collaboration among all involved personnel of all professional disciplines are ultimate objectives. Applicants should consult with NIDDK staff concerning plans for the development of the Center.

The DERCs are based on the core concept. Cores are defined as shared resources that enhance productivity or in other ways benefit a group of investigators working in diabetes or diabetes-related areas to accomplish the stated goals of the Center. Two other types of activities may also be supported with center funding - a pilot and feasibility program and an enrichment program. The pilot and feasibility program provides modest support for new initiatives or feasibility research studies for new investigators or for established investigators in other research disciplines where their expertise may be applied to diabetes research. The Center grant may also include limited funds for program enrichment such as seminars, visiting scientists, consultants, workshops, etc.

MECHANISM OF SUPPORT

NIDDK expects to award one DERC Grant in Fiscal Year 1988 on a competitive basis. The receipt of one competitive continuation application is anticipated, and it will be in competition for the award together with other applications received in response to this announcement. Foreign institutions are not eligible to apply. The anticipated award will be for five years and is contingent upon the availability of appropriated funds. The RFA (general description and Guidelines for the DERC) and consultation may be obtained from:

Dr. Sanford Garfield
Diabetes Centers Program Director
Diabetes, Endocrinology, and Metabolic Diseases Division
National Institute of Diabetes and
Digestive and Kidney Diseases
Bethesda, Maryland 20892
Telephone: (301) 496-7418

REVIEW PROCEDURES

Applications for a DERC grant will be evaluated in national competition by the NIH grant peer review process. Applications will be reviewed initially by a special review committee convened by the NIDDK and subsequently by the National Diabetes and Digestive and Kidney Diseases Advisory Council.

METHOD OF APPLYING

Potential applicants are urged to submit a letter of intent regarding their application. The letter of intent is nonbinding and is not a precondition for an award. The letter of intent should include the name(s) of the principal investigator and principal collaborators, descriptive titles of the core facilities and pilot/feasibility projects, and the organization(s) involved.

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

Mail the completed application (original and four copies) to:

Application Receipt Office
Division of Research Grants
Room 240, Westwood Building
National Institutes of Health
Bethesda, Maryland 20892**

Simultaneously submit two copies to Dr. Sanford Garfield at the address noted above.

The special single receipt date for submissions in response to this announcement is October 13, 1987, with earliest funding July 1, 1988.

ONGOING PROGRAM ANNOUNCEMENTS

SUPPORT FOR SCIENTIFIC MEETINGS - NATIONAL EYE INSTITUTE

P.T. 42; K.W. 1002046, 1014002

National Eye Institute

Progress in vision research is fostered by frequent exchanges of scientific information among investigators in this field and between vision scientists and scientists in other fields. These exchanges occur informally, in collaborations, in publications, and in regulary scheduled national and international meetings. The National Eye Institute (NEI) continues to offer support for special, one-time meetings, workshops, and conferences. Preferential consideration is given to applications developed in conjunction with NEI extramural staff which address specific research needs as identified in "Vision Research - A National Plan: 1983-1987" and in more recent NEI program planning evaluations. The focus of supported meetings will generally be on vision research areas in great need of new or multidisciplinary scientific approaches and ideas. Investigators planning to submit applications for the support of scientific meeting are, therefore, strongly encouraged to discuss their applications in advance with appropriate NEI extramural staff. For further information, please contact:

Jack A. McLaughlin, Ph.D.
National Eye Institute
Building 31, Room 6A51
Bethesda, Maryland 20892
Telephone: (301) 496-5983

REVISED ANNOUNCEMENT: THE FIRST INDEPENDENT RESEARCH SUPPORT AND TRANSITION (FIRST) AWARD (R-29)

(This document replaces the previous August 1, 1986 announcement)

P.T. 34; K.W. 0710030, 1014002

National Institutes of Health

The National Institutes of Health (NIH) announces the continuing availability of the FIRST Award (R-29). Based on earlier review experiences the objectives and features of the R-29 mechanism are further defined and clarified.

OBJECTIVE

The objective of the FIRST award is to provide a sufficient period of research support for newly independent biomedical investigators to initiate their own research and demonstrate the merit of their own research ideas. These grants are intended to underwrite the first independent investigative efforts of an individual; to provide a reasonable opportunity to demonstrate creativity, productivity, and further promise; and to help in the transition to traditional types of NIH research project grants. The award is not intended for persons in mid-career who may be in transition to another endeavor. FIRST awards generally will provide funds for 5 years during which time the newly independent investigator can establish his or her own research program and make significant and innovative contributions to laboratory or clinical science disciplines in biomedical research.

ELIGIBILITY

To be eligible for a FIRST award, the proposed principal investigator (PI) must be genuinely independent of a mentor yet at the same time must be at the beginning stages of his or her research career with, for example, no more than five years research experience since completing postdoctoral research training or its equivalent. If the applicant is in the final stages of training, it is permissible to apply, but no FIRST award will be made to persons in training status. In addition, the proposed PI must otherwise be eligible to serve in the same capacity on a traditional research project grant (R-01) awarded to the applicant institution. The applicant investigator must never have been designated previously as PI on any PHS-supported research project OTHER THAN a PHS small grant (R-03), an Academic Research Enhancement Award (R-15) or certain research career awards (K series) directed principally to physicians, dentists or veterinarians with little research experience. (Current or past Research Career Development Awardees are not eligible.) Subproject leaders on multicomponent awards such as Program Project grants (P-01), Center grants (P-50) or Minority Biomedical Research Support grants (S-06) may also be eligible, however potential applicants in these categories are urged to contact the appropriate person from the awarding unit listed below.

An important principle to remember with regard to eligibility is that the more extensive the prior independent research experiences, regardless of funding sources, the greater likelihood there will be diminished enthusiasm among reviewers for the FIRST award application.

GENERAL FEATURES

PRE-AWARD

1 Only domestic organizations and institutions are eligible to receive FIRST awards.

2 A FIRST award is for a distinct research endeavor and may not be used merely to supplement or broaden an ongoing project at the applicant institution.

3 An individual may submit only one FIRST award application to the Public Health Service (PHS) for any particular receipt date and may not submit any other type of research grant application (including research career applications) to the PHS during that particular review cycle. Applications for other projects may be submitted while the FIRST award is in force provided that the time and effort is less than 100% on the FIRST award.

4 FIRST award applications must request 5 years of research support. Applications submitted to the NIH in which the request is for less than 5 years of support will be designated as R01s and so reviewed unless the applicant withdraws the application.

5 The PI must make a commitment of no less than 50% effort to the proposed project.

Up to 100% effort may be requested if a greater commitment of the principal investigator is required to do the research. The request for effort of the applicant investigator will be reviewed and reductions may be recommended.

6 Application page limitations apply to the Research Plan (Section 2) of the PHS 398 application form. Sections A-D of the Research Plan, as described on page 20 of the instructions for the PHS 398 (Rev. 9/86), are limited to a total of 20 pages including tables, figures and chemical structures. Applications exceeding the 20-page limitation will be returned.

If appendix material is submitted, six collated sets must be included with the application package. Identify each of the six sets with the name of the principal investigator and the project title. This material will not be routinely duplicated and will be used in a limited way by members of the initial review group.

7 In very unusual circumstances, FIRST awards may be recommended by the initial review group or the awarding Institute for periods of less than five years.

POST-AWARD

1 The total direct cost award for the 5-year period may not exceed $350,000. The direct cost award in any budget period should not exceed $100,000. Indirect costs will be paid to the grantee institution in accord with applicable policy of the Department of Health and Human Services (DHHS).

The authority to carry over unobligated direct cost funds from one budget period to the subsequent one under certain conditions will be a feature of this award and may be accomplished at the discretion of the principal investigator and the grantee institution. If funds have been restricted by a specific term or condition on the Notice of Grant Award, they may not be automatically carried over without the prior approval of the awarding unit.

Carryover is effected by notification on the financial status report, which the grantee submits within 90 days of the termination of each budget period. Upon receipt of the notification, the awarding unit will issue a revised Notice of Grant Award, which will reflect the increased authorization of direct costs. Indirect costs will be paid to the awardee institution in accord with applicable DHHS policy.

2 FIRST awards are not renewable. The PI on a FIRST award may submit a traditional research project grant (R-01) application to continue and extend the research supported by a FIRST award.

3 Grantee Institutions may extend the final budget period of the project one time for a period up to one year beyond the original termination date shown on the Notice of Grant Award. Such an extension may be made only when any one of the following applies:

- additional time beyond the established expiration date is required to assure adequate completion of the originally approved project scope or objectives;
- continuity of Public Health Service (PHS) grant support is required while a competing application is under review; or
- the extension is necessary to permit an orderly phaseout of a project that will not receive continued support.

The fact that funds remain at the expiration of the grant is not in itself sufficient justification for an extension without additional funds.

The grantee institution must notify the awarding unit of the extension prior to the expiration date of the project period. Upon notification, the awarding unit will issue a revised Notice of Grant Award to change the termination date. Grantees may not extend project periods previously extended by the awarding unit.

4 Replacement of the PI on a FIRST award will not be approved. Transfer of the FIRST award with the principal investigator to another institution for the remaining performance period may be requested.

5 Except as indicated above, all relevant portions of the PHS Grant Policy Statement are applicable to these awards.

ADDITIONAL DOCUMENTATION

The following is to be addressed in a letter or memorandum from a suitable department head or dean and should be included with the application.

- Eligibility of proposed principal investigator independently to lead a research project at the applicant institution. Is this person otherwise qualified to be the PI on a traditional research project grant (R01)?
- Details of intended commitment of the institution to the project for the five-year period.

In addition, three letters of reference are needed. At least two must be received a minimum of three weeks before the initial review, or the application will be deferred. Such letters are critically important when the investigator's research originality and potential for independent investigation are not reflected in his/her research experience. For example, when the application is from the institution where the proposed PI received postdoctoral research training, it must be made absolutely clear that the FIRST award would be to support a research endeavor independent of that conducted in the former training environment.

The applicant is responsible for determining that letters be sent to the cognizant Executive Secretary after notification of Study Section assignment is received in the mail.

REVIEW CRITERIA

Review criteria and procedures are those of the regular NIH system of dual peer review: evaluation for scientific and technical merit by an initial review group (study section) taking into consideration the investigator's stage of development and merit of the proposed research, followed by recommendation of the cognizant national advisory council or board. In addition, the PI must demonstrate the potential to carry out independent research and clear evidence of ability to develop a sound research plan. The quality of education, scientific training, research experience, commitment to a research career as well as the institutional commitment will be important in the review process.

IMPLEMENTATION

All awarding units of the NIH are authorized to use this mechanism.

It should be noted that these applications compete for funding with traditional types of NIH research project grants and that the NIH has no special set-aside funds for FIRST awards.

HOW TO APPLY

Applicants must use the PHS-398 (Rev. 9/86) application form and must provide relevant information on eligibility. (See Section II.) The acronym "FIRST" should be typed on line 2 of the application face page.

Applications must be submitted to the Division of Research Grants (DRG) in accordance with regular receipt dates (See below). Assignment to the most appropriate Institute and initial review group will be carried out by the DRG according to established guidelines.

Mail the completed application (original and six) copies to:

Application Receipt Office
Division of Research Grants
Room 240, Westwood Building
National Institutes of Health
Bethesda, Maryland 20892**

The following table indicates the review and award cycle:

Application Receipt Dates	Initial Review Group Dates	National Advisory Council/Board Dates	Earliest Possible Beginning Date
February 1,	June/July	September/October	December 1
June 1	October/November	January/February	April 1
October 1	February/March	May/June	July 1

PARTICIPATING BUREAUS, INSTITUTES, DIVISIONS AND CENTERS OF THE NATIONAL INSTITUTES OF HEALTH

Additional information may be obtained by contacting:

National Institute on Aging

Dr. Miriam Kelty, Associate Director
Office of Extramural Affairs
National Institute on Aging
Building 31, Room 5C05
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-9374

National Institute of Allergy and Infectious Diseases (NIAID)

Dr. Luz A. Froehlich, Deputy Director
Extramural Activities Program
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 703
Bethesda, Maryland 20892
Telephone: (301) 496-7688

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

Dr. Steven J. Hausman, Deputy Director
Extramural Activities Program
Westwood Building, Room 403
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7495

National Cancer Institute (NCI)

Mr. Hernon Fox, Referral Officer
National Cancer Institute
Westwood Building, Room 828
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-3428

National Institute of Child Health and Human Development (NICHD)

Mrs. Hildegard Topper,
Special Assistant to the Director
National Institute of Child Health and Human Development
Building 31, Room 2A03
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1848

National Institute of Dental Research (NIDR)

Dr. Marie U. Nylen, Director
Extramural Programs
National Institute of Dental Research
Westwood Building, Room 503
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7723

National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK)

Dr. Walter S. Stolz, Director
Division of Extramural Activities
National Institute of Diabetes, and Digestive and Kidney Diseases
Westwood Building, Room 657
National Institutes of Health
Bethesda, Maryland 20982
Telephone: (301) 496-7277

National Institute of Environmental Health Sciences (NIEHS)

Dr. Edward Gardner, Science Administrator
Extramural Programs, NIEHS
P.O. Box 12233
Research Triangle Park, North Carolina 27709
Telephone: (919) 541-7724

National Eye Institute (NEI)

Dr. Jack A. McLaughlin, Acting Associate Director
National Eye Institute
Building 31, Room 6A51
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5983

National Institute of General Medical Sciences (NIGMS)

Dr. David Wolff, Deputy Associate Director
Office of Program Activities
National Institute of General Medical Sciences
Westwood Building, Room 955
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7063

National Heart, Lung, and Blood Institute (NHLBI)

Dr. Henry G. Roscoe, Deputy Director
Division of Extramural Affairs
National Heart, Lung, and Blood Institute
Westwood Building, Room 7A17
Bethesda, Maryland 20892
Telephone: (301) 496-7225

National Library of Medicine (NLM)

Mr. Peter A. Clepper, Program Officer
Biomedical Information Support Branch
Extramural Programs
Building 38A, Room 5S-518
National Library of Medicine
Bethesda, Maryland 20894
Telephone: (301) 496-4221

National Institute of Neurological and Communicative Disorders and Stroke (NINCDS)

Mr. Edward Donohue, Deputy Director
Division of Extramural Activities
National Institute of Neurological and Communicative
Disorders and Stroke
Federal Building, Room 1016
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-4188

National Center for Nursing Research (NCNR)

Dr. Doris Bloch, Acting Director
Division of Extramural Programs
National Center for Nursing Research
Building 38A, Room B2E17
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-0526

Division of Research Resources (DRR)

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Dr. James F. O'Donnell, Deputy Director
Division of Research Resources
Building 31, Room 5B03
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-6023

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5333 Westbard Avenue
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NOTICES

PHS INVITES COMMENTS ON ALERT SYSTEM FOR MISCONDUCT IN SCIENCE

P.T. 34; K.W. 1014002

Public Health Service

The Public Health Service recently published a notice of intent to expand the existing National Institutes of Health "ALERT" system to other PHS agencies funding research, research training, and related activities. The notice, which is published in accordance with requirements of the Privacy Act, appears on pages 19929-19932 of the May 28, 1987 issue of the FEDERAL REGISTER (Vol 52, No. 102).

The ALERT system is used to collect, control, and disseminate to PHS agency officials on a need-to-know basis information that an individual 1) is under investigation for possible misconduct in science or misappropriation of funds, or a decision has been made to undertake such an investigation; or 2) has been subjected to a sanction at the conclusion of an investigation for misconduct or misappropriation of funds. Investigations relating to possible misconduct in science are conducted in accordance with the "PHS Policies and Procedures for Dealing with Possible Misconduct in Science" published in the NIH GUIDE FOR GRANTS AND CONTRACTS July 18, 1986 (Vol. 15, No. 11).

The comment period for this notice was given as 30 days from the date of publication in the Federal Register. However, in order to be sure this is brought to the attention of the research community, PHS is extending the comment period until August 26, 1987.

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

SYNTHESIS OF CONGENERS AND PRODRUGS OF ANTI-AIDS COMPOUNDS

RFP NCI-CM-87216-16

P.T. 34; K.W. 0740020, 0755025, 1003012

National Cancer Institute

The announcement of this RFP appeared earlier in the May 22, 1987, Guide Vol. 16, No. 17, p.4.

The NCI is amending the request for proposed to extent the due date of proposals one week, to July 27, 1987, and to provide the following definition of pharmaceutical and chemical companies: A pharmaceutical or chemical company is defined as an organization which sells drugs and/or chemicals to the general public for profit.

Patricia L. Shifflett
National Cancer Institute
Blair Building, Room 216
Bethesda, Maryland 20892
Telephone: (301) 427-8737

MASTER AGREEMENTS FOR RECOLLECTION OF MARINE ORGANISM, TERRESTRIAL PLANTS AND LARGE SCALE FERMENTATION OF MICROORGANISMS FOR ANTI-AIDS DRUGS

RFP AVAILABLE: NCI-CM-87233-44

P.T. 34; K.W. 0740020, 1002027, 0780010

National Cancer Institute

The Natural Products Branch, Developmental Therapeutics Program, Division of Cancer Treatment, National Cancer Institute is interested in receiving proposals from and establishing Master Agreements with organizations to collect/ferment sufficient quantities of selected macro and microorganisms of specific taxonomy to enable NCI to proceed with advanced preclinical and clinical evaluation of pure natural products as potential agents for the treatment of acquired immune deficiency syndrome (AIDS).

Suitably equipped and staffed organizations which can collect or grow these organisms are required, and proposals to carry the work scope shown below will be solicited by NCI as the need arises.

Since the expertise and facilities required for the work varies according to biological sources from which the selected products are derived, proposals will be considered for one or more of the following Work Areas, in the amounts specified. Proposals also will be considered for specified taxonomic groups or geographic areas within each of these Work Areas.

Area A - Collection of shallow-water, marine macroorganisms (10 to 5,000 kg wet wt.)

Area B - Collection of deep-water, marine macroorganisms (10 to 5,000 kg wet wt.)

Area C - Collection of terrestrial plants (10 to 5,000 kg dry wt.)

Area D - Growth of non-phototropic microorganisms (80 to 12,000 L volume), concentration of biologically-active substances.

Area E - Growth of phototrophic microorganisms (80 to 12,000 L volume), concentration of biologically-active substances.

Development of methods for collection/fermentation may be necessary. Quality specifications will be determined by the Government. All materials shall be assayed by the Contractor for identity and purity before being submitted to NCI.

Master Agreements are competitively negotiated and awarded to more than one contractor. It is planned that such Agreements will be awarded on or about May 23, 1988, for a five-year period of performance but will not be funded per se. After award, Master Agreement holders will be invited to bid competitively on appropriate Master Agreement Orders (MAOs) as they are issued. Each MAO will be designed to accomplish a specific task as promptly as possible and will be awarded on a completion or term (level of effort) basis as determined by the Contracting Officer.

Master Agreement Announcement No. NCI-CM-87233-44 will be issued on or about July 10, 1987, and proposals will be due approximately six weeks thereafter. To expedite requests for solicitation. please furnish three self-addressed labels with your request. Copies of the RFP No. NCI-CM-87233-44 may be obtained by sending a written request to:

Dorothy M. Coleman
Contracting Officer
Treatment Contracts Section, RCB
National Cancer Institute, NIH
Blair Building, Room 216
Bethesda, Maryland 20892
Telephone: 301-427-8737

FATTY-ACID DERIVED MEDIATORS OF INFLAMMATION

RFA AVAILABLE: 87-AI-23

P.T. 34; K.W. 0715110, 0760075, 0755010, 0755020

National Institute of Allergy and Infectious Diseases

Application Receipt Date: October 22, 1987

BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for grants to be initiated during FY 1988.

The Asthma and Allergy Branch of the Immunology, Allergic, and Immunologic Diseases Program of the NIAID sponsors fundamental and clinical research grants and contracts and the procurement and application of research resource and reference reagents concerned with asthma, allergic and immunologic diseases and with relevant mechanisms of hypersensitivity and inflammation.

Fatty-acid derived mediators of inflammation are increasingly thought to be of importance in allergic disease. To this end, a workshop entitled "Potential Therapeutic Uses of Inhibitors of Leukotriene Generation and Function" sponsored by the National Institute of Allergy and Infectious Diseases and the World Health Organization Collaborating Center for Allergic Diseases was convened in Bethesda, Maryland on June 23, 1986. The proceedings of the workshop have been summarized and published (Prostaglandins 32:4 October 1986, p. 481).

RESEARCH GOALS AND SCOPE

Research recommendations resulting from this workshop form the basis of this RFA which is designed to encourage the submission of new and renewal applications in this research area. Of particular interest are applications dealing with:

1. Biochemistry of the 5-lipoxygenase pathway.
2. The development of animal models to examine the role of the leukotrienes in diseases such as asthma, rheumatoid arthritis and psoriasis.
3. The development of sensitive, specific and reproducible clinical assays for the measurement of 5-lipoxygenase products in body fluids e.g., plasma and urine and in tissue of target organs.
4. Studies on structure and function of the leukotriene receptors.
5. Studies to define the role of platelet activating factor in allergic or other diseases.

MECHANISMS OF SUPPORT

The administrative and funding mechanism to be used to support the studies carried out under this RFA will be the Research Project Grant. The regulations (Code of Federal Regulations, Title 42, Part 52 and Title 45, Part 74) and policies that govern the research grant programs of the Public Health Service will prevail. This RFA is a one time invitation. The duration of proposed projects may be up to five years. The start date for funded applications will be approximately July 1, 1988. The NIAID is prepared to fund up to ten awards dependent upon the scope and quality of the approved projects and the availability of appropriated funds. Grant applications will be reviewed as a single competition by an initial review group convened by the NIAID Program and Project Review Branch.

The NIAID plans to make up to ten awards, contingent upon receipt of applications of substantial scientific merit and the availability of funds.

STAFF CONTACT

A more detailed RFA may be obtained from:

Dorothy D. Sogn, M.D.
Chief, Asthma and Allergy Branch
National Institute of Allergy
and Infectious Diseases
Westwood Building, Room 752
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-8973

Inquiries concerning this announcement are encouraged and should be directed to Dr. Sogn at the address shown above.

CLINICAL VISION RESEARCH DEVELOPMENT

P.T. 34; K.W. 1002046, 0785035

National Eye Institute

BACKGROUND INFORMATION AND GOALS

The National Eye Institute (NEI) currently supports a large number of clinical and epidemiologic research projects. These include major multicenter, randomized clinical trials, natural history studies, and risk factor analyses using case-control and prospective cohort methods. These projects all have the goal of improving the understanding, the prevention, and management of visual system disorders. Yet, there is still an important need for a larger number of vision research groups to provide leadership in the design, coordination, and conduct of such projects. This announcement outlines new mechanisms of NEI grant support to help meet this need.

MECHANISMS OF SUPPORT

A limited number of awards will be made to help investigators develop the staff and other resources needed to enhance programs of clinical vision research through the application of epidemiologic and biostatistical methodology to clinical problems. These activities may range from the strengthening of biostatistician-clinical investigator interactions in the design and conduct of single-center studies to the development of clinical trial coordinating center capabilities. Support will be provided by Clinical Vision Research Development Awards (R21), or by the funding of new modules on NEI Core Grants (P30). With either mechanism, up to five years of support at a maximum of $60,000 in direct costs per year will be provided. Funds may be requested, for example, for the support of a biostatistician (up to 75% effort), other staff, and for supplies and equipment.

Clinical Vision Research Development Award--To be eligible to apply, at least two Principal Investigators from the immediate research group must have a current NEI grant, contract, or cooperative agreement to conduct clinical research. Institutions that apply for or already receive NEI Core Grant support are not eligible for this award. This award cannot be renewed.

Core Grant Award--The NEI encourages the addition of a Clinical Vision Research Development Module to NEI Core Grants and it will raise the current funding ceiling ($750,000 direct costs over five years) for this specific purpose. New and supplemental applications will be accepted, and support for this Module generally can be renewed. However, the development of clinical trial coordinating center capabilities will be supported for a maximum period of five years. Thereafter, it is expected that such a unit will be in a position to seek independent support for specific projects.

REVIEW PROCEDURES AND CRITERIA

Applications will be reviewed for scientific merit by the NEI Vision Research Review Committee. Second level review will be by the National Advisory Eye Council.

The most important review criterion will be the applicant's potential for success, as documented in his or her plans for developing, designing, and conducting well-designed clinical research on the etiology, prevention, diagnosis, and treatment of visual system disorders. This documentation should include the following types of evidence of a strong commitment to, and potential for, the establishment and continuation of a high-quality program in vision research:

1. The quality of the proposed program and the significance of the research area(s) in which development of an enhanced clinical research capability is proposed; relationship of this area to NEI's published program priorities as set forth in VISION RESEARCH--A NATOPMAL PLAN: 1983-1987 and more recent NEI program planning evaluations;

2. Specific description of the initial problem(s) proposed for study and outline of long-range plans for continuing the studies after termination of the requested support;

3. Realistic identification of any potential difficulties that may arise in carrying out these plans and strategies for remedial action;

4. The professional background and training of key personnel, with special reference to research interests (current and/or planned), experience, and administrative capability;

5. Recognition of the roles and importance of epidemiologic/biostatistical expertise in the planned research; identification, even if tentative, of the specific person or category of person to be sought and this person's training and background; specific and detailed plans for involvement of this person in the development of an enhanced clinical vision research capability;

6. The identification and expertise of a "critical mass" of potential investigators who can reasonably be expected to contribute to the development of a clinical vision research capability;

7. Existence of the requisite research facilities and other resources; evidence of institutional commitment to achievement of the program's goals through allocation of appropriate personnel, space, and institutional resources for this purpose; institutional commitment to the continuation of the program beyond the period of NEI support;

8. Possible future directions for clinical vision research by the applicant group; the need for, and probable impact of, further development of clinical vision research capability; and,

9. Current grant, contract, or cooperative agreement support of participants from NEI and other sources.

METHOD OF APPLICATION

Use the standard Research Grant Application form PHS 398 (Rev. 9/86). For purposes of identification and processing, the words "NEI CLINICAL RESEARCH DEVELOPMENT AWARD" should be typed in item 2 on the face page of the application. The initial receipt date for all applications is October 1, 1987. Thereafter, there will be only one receipt date each year; June 1. Mail the completed application and 4 copies to:

Division of Research Grants
Westwood Building, Room 240
Bethesda, Maryland 20892

To expedite the review, 2 exact copies should be sent directly to:

Executive Secretary
Visual Research Review Committee
National Eye Institute
Building 31, Room 6A06
Bethesda, Maryland 20892

Potential applicants are strongly encouraged to contact the NEI Program Director for detailed information regarding the specific application procedures.

Peter A. Dudley, Ph.D.
Core Grant Program Director
National Eye Institute
Building 31, Room 6A51
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-5983

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DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

DEVELOPMENT, ACQUISITION AND CHARACTERIZATION OF REAGENTS AGAINST TISSUE SPECIFIC ANTIGENS

RFP AVAILABLE: NIAID-IAIDP-88-10

P.T. 34; K.W. 0755010, 0710060

National Institute of Allergy and Infectious Diseases

The National Institutes of Health (NIH) has a requirement for the acquisition, development and characterization of reagents against tissue specific antigens.

The Genetics and Transplantation Biology Branch of the Immunology, Allergy and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) is soliciting contract proposals from organizations having the capabilities and facilities for the development, acquisition and characterization of reagents directed against tissue specific antigens. Offerors should have the demonstrated experience in the serological and/or cellular techniques needed to produce and characterize the required reagents. Access to autopsy or biopsy specimens will be required. The capability to manage and analyze data on reagent/cell reactions for the purpose of identifying antigenic specificities is also needed.

RFP NIAID-IAIDP-88-10 will be available August 3, 1987. Responses are due by September 17, 1987.

One or more contracts may be awarded as a result of this solicitation. It is expected that the contract(s) will have a three-year period of performance. Any responsible offeror may submit a proposal which will be considered by the Government.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office below:

Ms. Sylvia Cunningham
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5333 Westbard Avenue
Westwood Building, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

ACQUISITION, ANALYSIS, STORAGE AND DISTRIBUTION OF CELLS, VIRUSES, PROTEINS, CHEMICALS AND DRUGS USED FOR AIDS RESEARCH

RFP AVAILABLE: NIAID-AIDSP-88-8

P.T. 34; K.W. 0780005, 0755010, 0715120

National Institute of Allergy and Infectious Diseases

The NIAID, NIH, has a requirement to acquire significant quantities of reagents to support the efforts of the scientific community in research on AIDS. The Contractor will be required to: 1) acquire reagents which include, but are not limited to, biological substances; 2) provide a centralized resource for assaying and evaluating, storing, and distributing these reagents to investigators; and 3) provide and maintain a continuing computerized inventory and distribution data base and processing system to track and assist in the coordination of the activities under this acquisition.

This NIAID-sponsored project will take approximately 5 years to complete. A cost-reimbursement contract is anticipated.

This announcement is a new solicitation. RFP-NIAID-AIDSP-88-8 will be issued on or about July 24, 1987, with a closing date for receipt of proposals tentatively set for September 10, 1987. To receive a copy of the RFP, please supply this office with two (2) self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be addressed in writing to the following:

Ms. Dorothy Tyler
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 707
Room 707
Bethesda, Maryland 20892

All responsible sources may submit a proposal which will be considered by NIAID.

This advertisement does not commit the Government to award a contract.

INVESTIGATIONS ON HUMAN IMMUNODEFICIENCY VIRUS ANTIBODIES

RFP AVAILABLE: NIAID-AIDSP-88-9

P.T. 34; K.W. 0715120, 0710060, 0755010

National Institute of Allergy and Infectious Diseases

The NIAID, NIH, has a requirement for the development of new or improved neutralization assays for HIV and the use of these assays to investigate some important immunological issues of AIDS.

This NIAID-sponsored project will take approximately 3 years to complete. It is expected that a cost-reimbursement type contract will be used. Three to five contract awards are anticipated.

This announcement is a reissuance of RFP-NIAID-AIDSP-87-14. RFP-NIAID-AIDSP-88-9 will be issued on or about July 27, 1987, with a closing date for receipt of proposals tentatively set for October 15, 1987. To receive a copy of the RFP, please supply this office with two (2) self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be addressed in writing to the following:

Ms. Dorothy Tyler
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5333 Westbard Avenue
Westwood Building, Room 707
Bethesda, Maryland 20892

All responsible sources may submit a proposal which will be considered by NIAID.

This advertisement does not commit the Government to award a contract.

COLLABORATIVE PROSPECTIVE COHORT STUDIES OF PERINATAL TRANSMISSION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND RELATED RETROVIRAL INFECTIONS

RFP AVAILABLE: NIAID-AIDSP-88-6

P.T. 34; K.W. 0715120, 0715125, 0775025

National Institutes of Allergy and Infectious Diseases

The Epidemiology Branch of the AIDS Program of the National Institute of Allergy and Infectious Diseases, NIH, is soliciting two-part proposals from organizations having requisite capabilities and facilities. Part I: a) identify and recruit a cohort of pregnant women at risk for HIV infection; b) conduct periodic clinical and behavioral evaluations on approximately 500 women and their offspring for about 5 years; c) collect and transmit proper specimens for testing and/or storage according to protocol; and d) transmit edited data to the Data Coordinating Center. Part II: serve as the Data Coordinating Center to clean, store, and analyze all data collected from centers participating in this project. Offerors may respond to Part I only or Parts I and II.

The NIAID-sponsored project will take approximately 5 years to complete. This will be a cost reimbursement contract.

This announcement is a new solicitation. RFP-NIAID-AIDSP-88-6 will be issued on or about July 20, 1987 with a closing date tentatively set for October 6, 1987. To receive a copy of the RFP, please supply this office with two (2) self-addressed mailing labels. Request should be directed to:

Ms. Mary Anne Glitz
Contract Management Branch, NIAID
National Institutes of Health
5333 Westbard Avenue
Westwood Building, Room 707
Bethesda, Maryland 20892

All inquiries must be in writing and telephone inquiries will not be honored. All responsible sources may submit a proposal which will be considered by the NIAID.

This advertisement does not commit the Government to award a contract.

COLLABORATIVE PROSPECTIVE COHORT STUDIES OF HETEROSEXUAL TRANSMISSION OF HIV (HUMAN IMMUNODEFICIENCY VIRUS) AND RELATED RETROVIRAL INFECTIONS

RFP AVAILABLE: NIAID-AIDSP-88-7

P.T. 34; K.W. 0715120, 0715125, 0715220

National Institute of Allergy and Infectious Diseases

The Epidemiology Branch of the AIDS Program of the National Institute of Allergy and Infectious Diseases, NIH, is soliciting two-part proposals from organizations having capabilities and facilities to: Part I. a) identify and recruit a cohort of women and non-homosexual men without history of IV drug use but whose behaviors place them at increased risk for HIV infection; b) conduct periodic clinical and behavioral evaluations on approximately 1000 individuals for about 5 years; c) collect and transmit proper specimens for testing and/or storage according to protocol; and d) transmit edited data to the Data Coordinating Center. Part II. Serve as the Data Coordinating Center to clean, store, and analyze all data collected from centers participating in this project. Offerors may respond to Part I only or Parts I and II.

The NIAID-sponsored project will take approximately five years to complete. This will be a cost-reimbursement type contract.

This announcement is a new solicitation. RFP-NIAID-AIDSP-88-7 will be issued on or about July 20, 1987, with a closing date tentatively set for October 7, 1987. To receive a copy of the RFP, please supply this office with two (2) self-addressed mailing labels. Requests should be directed to:

Ms. Nancy Hershey
Contract Management Branch, NIAID
5333 Westbard Avenue
National Institutes of Health
Westwood Building, Room 707
Bethesda, Maryland 20892

All inquiries must in writing and telephone inquiries will not be honored. All responsible sources may submit a proposal which will be considered by the NIAID.

This advertisement does not commit the Government to award a contract.

INFLUENCE OF MODIFYING THE PLASMA MEMBRANE ON LYMPHOCYTE FUNCTIONS

P.T. 34; K.W. 0790005, 0710070, 0765010, 0760075

RFA AVAILABLE: 87-AI-22

National Institute of Allergy and Infectious Diseases

Application Receipt Date: October 15, 1987

BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) is soliciting regular research project grant (R01) applications that are designed to increase knowledge and understanding of the physical-chemical features of lymphocyte membranes as those features relate to the functions of lymphocytes preparing for, or engaged in, immune responses.

RESEARCH GOALS AND SCOPE

Studies of interest include, but are not limited to the following as they relate to lymphocyte functions:

A. Assessment of the numbers and distribution of lipoprotein receptors on lymphocytes, and subsets of lymphocytes, and the relationship between those receptors, the transport of sterols and other lipids, the endogenous biosynthesis of lipids, and the immunological functions of lymphocytes.

B. Evaluations of rates and magnitudes of biosynthesis, and membrane incorporation and turnover, of substances such as fatty acids, sterols and phospholipids in lymphocytes and subsets of lymphocytes; and especially, of the influence of biosynthetic and turnover parameters on the functions of lymphocytes.

C. Relationships between the physical-chemical states of lymphocyte membranes (e.g., relative fluidity, existence of domains and regions of phase transitions) and the functional capabilities of those lymphocytes and subsets of lymphocytes (e.g., receptor densities and distributions, mitotic and biosynthetic abilities).

D. Analyses of numbers and distributions of pharmacologically-important receptors on lymphocytes, and subsets of lymphocytes, and and the influence of agonists and antagonists on immunologically-relevant lymphocyte functions.

Applications concerned with basic problems in cell biology in which the lymphocyte merely serves as the model cell will not be acceptable. Proposals must focus on physico-chemical variables that influence the functions of lymphocytes.

MECHANISMS OF SUPPORT

The support mechanism for this program will be the individual research project grant. The NIAID plans to support at least five awards at a direct cost of approximately $150,000 each for the first year. Up to five years of support is anticipated.

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

Support is contingent upon receipt of applications of substantial scientific merit and the availability of funds.

STAFF CONTACT

A more detailed RFA may be obtained from:

Joseph F. Albright, Ph.D.
Chief, Immunobiology and Immunochemistry Branch
National Institute of Allergy
  and Infectious Diseases
Westwood Building, Room 757
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7551

SUPERFUND HAZARDOUS SUBSTANCES BASIC RESEARCH PROGRAM, PHASE II

P.T. 34; K.W. 0725005, 0502017, 1007001, 1007002, 0725025, 0775030

National Institute of Environmental Health Sciences

Application receipt date: December 1, 1987
January 15, 1988 (Supplements to Phase I Awards)

The National Institute of Environmental Health Sciences (NIEHS) announces the second phase of a special Program of basic research and education grants directed toward understanding, assessing and attenuating the adverse effects on human health resulting from exposure to hazardous substances. The first phase of this Program was described in an announcement in the January 30, 1987, issue of the NIH Guide for Grants and Contracts. This second phase differs from the first in that the Program will now consist of coordinated, multi-component, interdisciplinary programs which link basic biomedical research with related engineering, hydrogeologic, and ecologic studies. No single-project applications will be accepted.

The objective of the Program is to establish a university-based basic research and training program (including epidemiologic and ecologic studies) of:

- advanced techniques for the detection, assessment, and evaluation of the effects on human health of hazardous substances;
- methods to assess the risk to human health presented by hazardous substances;
- methods and technologies to detect hazardous substances in the environment; and
- basic biological, chemical, and physical methods to reduce the amount and toxicity of hazardous substances.

As part of the Program, applicants are encouraged to identify positions within the research projects to support persons in graduate or advanced training in environmental and occupational health and safety; in the public health and engineering aspects of hazardous waste control; and in the geosciences, including hydrogeology, geological engineering, geophysics, geochemistry, and related fields.

Requests for the complete Announcement and additional information should be directed to:

Dr. William Suk
Superfund Program Administrator
Division of Extramural Research and Training
National Institute of Environmental Health Sciences
Post Office Box 12233
Research Triangle Park, NC 27709
Telephone: (919) 541-0797

Prospective applicants are encouraged to submit a brief letter of intent which includes a descriptive title of proposed areas of research and responsible investigators and identification of any other participating institutions. The Institute requests such letters by October 15, 1987, for the purpose of providing an indication of the number and scope of applications to be received. A letter of intent is not binding. It will not enter into the review of any application subsequently submitted and is not a necessary requirement for application. Letters of intent should be addressed to Dr. Suk at the address shown above.

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NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 1014002, 1014003, 0201011

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the revised Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: September 14-15, 1987

Location: Minneapolis, Minnesota

Contact:

Cynthia S. Gillett, DVM
Research Animal Resources
Division of Comparative Medicine
Box 351 UMHC
University of Minnesota
Minneapolis, Minnesota 55455
Telephone: (612) 624-4625

Date: January 28-29, 1988

Location: Albuquerque, New Mexico

Contact:

Ms. Rynda Gibbs
University of New Mexico School of Medicine
Continuing Medical Education
815 Vassar N.E.
Albuquerque, New Mexico 87131
Telephone: (505) 277-3942

Other workshops are being planned and will be announced in future issues of the NIH Guide for Grants and Contracts.

For additional information contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office of Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS - ULTRASOUND READING CENTER

RFP AVAILABLE: NHLBI-HC-87-06

P.T. 34; K.W. 0715040, 0785055, 0607024

National Heart, Lung, and Blood Institute

The Epidemiology and Biometry Research Program, DECA, NHLBI, seeks an ultrasound reading center for a project in which four field centers will recruit, examine, and follow a total of 5000 men and women (1250 in each center), aged 65 to 84 years at the baseline examination in a prospective study of coronary heart diseases and stroke. The ultrasound reading center will develop a protocol for collection of ultrasound data at the four field centers and perform precise measures of carotid artery lumen and lesion features.

In addition to this RFP for the Ultrasound Reading Center, separate RFPs have been announced for the Coordinating Center, the Field Centers, the Echocardiography Reading Center and the Central Blood Analysis Laboratory.

RFP NHLBI-HC-87-06 for the Ultrasound Reading Center will be available on or about August 28, 1987, with proposals due on or about October 28, 1987. One award is anticipated. Your written request should include three mailing labels, self-addressed, and must cite RFP No. NHLBI-HC-87-06.

Requests for copies of the RFP should be sent to:

Betty Nordan
Contracting Officer for Epidemiology and
Biometry Research Program,
ECA Contracts Section
National Heart, Lung, and Blood Institute
Federal Bldg., Room 3C16
Bethesda, MD 20892

MANIPULATION OF THE SUPPRESSOR ARM OF THE IMMUNE RESPONSE DIRECTED TOWARDS SUCCESSFUL HUMAN IMMUNOTHERAPY

RFA AVAILABLE: 87-CA-30

P.T. 34; K.W. 0745045, 0710060, 0755015

National Cancer Institute

Application Receipt Date: November 16, 1987

The Division of Cancer Treatment of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic and applied studies to investigate manipulation of the suppressor arm of the immune response directed toward successful human immunotherapy.

BACKGROUND INFORMATION

The immune system is highly complex, composed of different types of cells located in various central and peripheral lymphoid organs. The complex immunologic network can affect, among other responses, the growth of cancer cells. In certain animal models, tumors can be demonstrated to be antigenic and to be rejected on the basis of immune responses to these antigens. This potentially beneficial host response can, however, be inhibited by the development of suppressor functions, which may be present as part of the normal physiologic process by which immune responses are regulated. Thus, a tumor which could otherwise be rejected escapes immunologic elimination because of the normal inhibitory regulatory system.

Several groups have identified the subtypes of suppressor lymphocytes in animal models and have demonstrated that the suppressor arm of the immune response can be abolished or diminished with significant anti-tumor effects. As elegant as these studies are, however, they are, nevertheless, very difficult to translate into practical therapy for cancer patients. It is very hard to establish whether individual tumors in humans are antigenic, a critical point since it is principally with antigenic tumors that specific suppressor modulation might be expected to be successful. The detailed mode of action of certain agents such as cyclophosphamide which affect the suppressor arm of the immune response are poorly understood. Convincing in vitro systems that measure suppressor effects in cancer tumor systems are rare, and most of the animal models that measure suppressor cell phenomena do so by in vivo measurement of progressive tumor growth. Finally, in animal models, the inhibition of suppressor cell function can only be carried out in a precisely timed manner with regard to the growth of tumor, a restriction not easily possible in humans. Despite all these difficulties, attempts to regulate the suppressor phase of the immune response in humans so as to achieve a successful anti-tumor effect, should be investigated.

RESEARCH GOALS AND SCOPE

The goal of this research is to obtain information from preclinical systems that would lead to successful manipulation of the suppressor arm of the immune response so as to enhance a destructive immunologic attack on malignant tumors. New agents that can decrease suppressor cells should be sought.

Known examples of such agents include cyclophosphamide, cimetidine, cyclooxygenase inhibitors and deoxyguanosine. The cellular and molecular mechanisms of action of such agents should be explored. For reasons which are unclear, suppressor T cell subsets appear to be more susceptible than effector T cell subsets to a number of these agents. Also desirable would be the establishment of innovative animal models to explore the role of suppressor cells in cancer biology. This could include therapy of ultraviolet (UV) radiation-induced and carcinogen-induced autochthonous tumors. For example, UV radiation in vivo suppresses the immune response systemically. Investigation of the mechanism(s) by which this occurs could provide information about how suppressor cells are produced in vivo. In order to be responsive to this RFA, the application should include some experiments which are designed to demonstrate cancer regression in a therapy model. Although the major intent of this RFA is to encourage preclinical modeling studies, appropriately designed clinical trials, based on preclinical data, would also be accepted.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants, i.e., an appropriate review panel consisting primarily of non-Federal employees convened by the Division of Extramural Activities, NCI. Secondary review for programmatic relevance will be by the National Cancer Advisory Board. The present RFA announcement is for a single competition with a specified deadline of November 16, 1987 for receipt of applications. The intent is to fund 4-5 projects. All applications will be evaluated by a single review panel in accordance with the review criteria. Future renewal applications will not compete for earmarked funds. Instead, all renewal applications will be considered as unsolicited grant applications which will compete with all other unsolicited applications received by NIH.

Review criteria include significance and originality of the research goals and approaches and responsiveness to the goals of the RFA; feasibility of the research and adequacy of experimental design; training, experience, and research competence of the investigator(s); adequacy of available facilities; provision for the adequacy of protection of human subjects, the humane care of animals and appropriateness of the requested budget to the work proposed. The application will be evaluated also for responsiveness to the research goals of the RFA by the Biological Response Modifiers Program, NCI. Applications which are judged as unresponsive to the RFA will be considered with other unsolicited grant applications reviewed during the next NIH review cycle.

Requests for copies of the RFA in its expanded form should be addressed to:

Dr. Ira Green
Biological Resources Branch
BRMP, DCT, NCI-FCRF
Building 426, Room 1
Frederick, MD 21701-1013
Telephone: (301) 698-1098

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

IMMUNOLOGIC INVESTIGATION OF MULTI DRUG-RESISTANCE OF NEOPLASTIC CELLS

P.T. 34; K.W. 0745005, 0710070

RFA AVAILABLE: 87-CA-28

National Cancer Institute

Application Receipt Date: November 16, 1987

The Division of Cancer Treatment of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic and applied studies for immunologic investigation of multi-drug resistance of neoplastic cells.

BACKGROUND INFORMATION

Cytotoxic chemotherapy is a major form of clinical cancer treatment, and much progress has been made using chemotherapeutic agents. Nevertheless, the emergence of drug-resistant cancer cells during the course of chemotherapy continues to be a major problem. During the past 10 years, a new system, termed multi-drug cross resistance (MDR), has been defined which, in part, explains a major aspect of the drug resistance of cancer cells. When a tumor cell becomes resistant to one class of drug, usually a natural product, the same cell also demonstrates resistance to another class of unrelated drugs, including synthetic compounds. This type of resistance is due to the increased cell membrane expression of a 170,000 dalton glycoprotein which controls the permeability and efflux of drugs from the cell such that cells with a large amount of this protein are able to expel the drug at a faster rate. The protein has been called the P-glycoprotein (P-170). The gene for P-170 has been cloned and the amino acid sequence of the protein is known. Exactly how the presence of increased amounts of P-170 in the cell membrane of resistant cells leads to decreased drug concentration within the cell remains to be fully understood.

Recently, several groups have produced monoclonal antibodies to P-170. These antibodies can be used to identify cells and tissues bearing increased amounts of P-170 and to affect the function of P-170.

RESEARCH GOALS AND SCOPE

The goal of this research is to develop immunologic methods that will lead to a further understanding of the mechanism of action of P-170 and to interfere with its function on cancer cells with the long-term aim of producing favorable clinical therapeutical effects.

Studies are encouraged which will: (1) produce new monoclonal antibodies (MoAbs) against P-170; (2) identify the functional domains of P-170 by production of monoclonal antibodies to polypeptides from different domains of the molecule and testing of these antibodies for effectiveness in inhibiting growth of multi-drug resistant cells and drug binding or drug efflux from cells; (3) use monoclonal antibodies to study receptor function of P-170; here the fate of the drug P-170 conjugate, exocytosis, coated pit localization, breakdown of the conjugate and P-170 recycling should be examined; (4) to investigate how other drugs, e.g., Ca channel blocking agents which can partially overcome MDR interact with P-170; e.g., will certain MoAbs block the association between Ca channel blocking agents and P-170?; (5) to use MoAbs to establish if P-170 molecules exist as a family of molecules; (6) to use MoAbs to inhibit growth of human drug-resistant xenografts in a suitable nude mouse model system; (7) use MoAbs to screen tumor tissues to correlate elevated levels of P-170 with drug resistance in patients; (8) to test P-170 as a target for therapy with MoAbs coupled to toxins or to I131 in vitro and in animal models with the ultimate aim of use in patient therapy; and (9) to develop T-cell and other types of cell-mediated immunity to P-170 bearing cells in animal models and in vitro.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants, i.e., an appropriate review panel consisting primarily of non-Federal employees convened by the Division of Extramural Activities, NCI. Secondary review for programmatic relevance will be by the National Cancer Advisory Board. The present RFA announcement is for a single competition with a specified deadline of November 16, 1987 for receipt of applications. The intent is to fund 3-5 projects. All applications will be evaluated by a single review panel in accordance with the review criteria. Future renewal applications will not compete for earmarked funds. Instead, all renewal applications will be considered as unsolicited grant applications which will compete with all other unsolicited applications received by NIH.

Review criteria include significance and originality of the research goals and approaches and responsiveness to the goals of the RFA; feasibility of the research and adequacy of experimental design; training, experience, and research competence of the investigator(s); adequacy of available facilities; provision for the adequacy of protection of human subjects, humane care of animals and appropriateness of the requested budget to the work proposed. The application will be evaluated also for responsiveness to the research goals of the RFA by the Biological Response Modifiers Program, NCI. Applications which are judged as unresponsive to the RFA will be considered with other unsolicited grant applications reviewed during the next NIH review cycle.

Requests for copies of the RFA in its expanded form should be addressed to:

Dr. Ira Green
Biological Resources Branch
BRMP, DCT, NCI-FCRF
Building 426, Room 1
Frederick, MD 21701-1013
Telephone: (301) 698-1098

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of application. Failure to use this label could result in delayed processing and review of your application.

PROTECTION OF BONE MARROW AGAINST THE EFFECTS OF CYTOTOXIC DRUGS AND X-IRRADIATION

RFA AVAILABLE: 87-CA-29

P.T. 34; K.W. 0705005, 0755020, 0785190, 0745005

National Cancer Institute

Application Receipt Date: November 16, 1987

The Division of Cancer Treatment of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic and applied studies to investigate protection of bone marrow against the effects of cytotoxic drugs and X-irradiation.

BACKGROUND INFORMATION

One of the limiting features of cancer treatment using standard cancer chemotherapy and X-irradiation is damage to the bone marrow leading to the absence of peripheral blood and tissue leukocytes necessary for host defense against infectious agents. In addition, such damage to bone marrow causes failure of RBC and platelet production. Various agents protect the bone marrow against some of these deleterious effects. Recent preliminary studies with cytokines such as IL-1, G-CSF, GM-CSF, IL-2 and gamma interferon have indicated that these can also protect against the detrimental effects of X-irradiation and of chemotherapy. The detailed mechanism of action and full potential of these agents are still to be explored.

RESEARCH GOALS AND SCOPE

To develop basic preclinical information that will aid in the development of clinical use of bone marrow protecting agents in cancer therapy. This RFA is intended to foster research in animal models to explore these questions. Models in which normal animals or tumor-bearing animals are treated with standard anti-cancer treatment and then treated with bone marrow protecting agents at various times relative to the standard therapy would provide useful information prior to human use of such strategies. Detailed studies of peripheral blood and organ counts of various hematopoietic cell types would be indicated. Also, colony-forming abilities of cells contained within bone marrow and other blood-forming organs should be performed. The above could also be integrated with in vitro models of hematopoiesis, such as Dexter and/or Witte-Whitlock cultures. Such cultures could also be employed to study effects of lymphokines and/or other bone marrow protecting agents at a cellular and molecular level on hematopoiesis and on stromal cells and their interaction with hematopoietic progenitor cells. Considering that many patients who receive cancer therapy die as a result of infectious disease, the possible effects of bone marrow protecting agents, in particular lymphokines such as the CSFs, on infectious disease could also be studied in the above mentioned animal models.

Also encouraged would be the study of combinations of known lymphokines and CSFs and other protecting agents, and the discovery of entirely new lymphokines and biologic response modifiers that might mediate such effects. The discovery of any defined agent of any kind that could have similar protective effects on bone marrow would be highly desirable. Finally, since other rapidly proliferating tissue, such as cells of the gastrointestinal tract, is also damaged by cancer chemotherapy and X-irradiation, the protective effects of the above agents or of other agents could be explored in this regard.

While exploring mechanisms of protective action, it is extremely important in these applications that endpoints measuring anti-cancer effects should also be included.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants, i.e. an appropriate review panel consisting primarily of non-Federal employees convened by the Division of Extramural Activities, NCI. Secondary review for programmatic relevance will be by the National Cancer Advisory Board. The present RFA announcement is for a single competition with a specified deadline of November 16, 1987 for receipt of applications. The intent is to fund 3-5 projects. All applications will be evaluated by a single review panel in accordance with the review criteria. Future renewal applications will not compete for earmarked funds. Instead, all renewal applications will be considered as unsolicited grant applications which will compete with all other unsolicited applications received by NIH.

Review criteria include significance and originality of the research goals and approaches and responsiveness to the goals of the RFA; feasibility of the research and adequacy of experimental design; training, experience, and research competence of the investigator(s); adequacy of available facilities; provision for adequacy of protection of human subjects, the humane care of animals and appropriateness of the requested budget to the work proposed. The application will also be evaluated for responsiveness to the research goals of the RFA by the Biological Response Modifiers Program, NCI. Applications which are judged as unresponsive to the RFA will be considered with other unsolicited grant applications reviewed during the next NIH review cycle.

Requests for copies of the RFA in its expanded form should be addressed to:

Dr. Ira Green
Biological Resources Branch
BRMP, DCT, NCI-FCRF
Building 426, Room 1
Frederick, MD 21701-1013
Telephone: (301) 698-1098

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

EVALUATION OF IMPACT OF EARLY CANCER DETECTION: RETROSPECTIVE STUDIES

RFA AVAILABLE: 87-CA-31

P.T. 34; K.W. 0745020, 0745055, 1010013

National Cancer Institute

Application Receipt Date: October 23, 1987

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites grant applications from investigators interested in elucidating one or more intermediate end-points through analyses of existing data to enable the evaluation and to assess the extent of benefit of early cancer detection.

Intermediate end-points are needed that can be evaluated rapidly and reliably and which have a known link to the subsequent development of cancer. These end-points will enable NCI to evaluate the impact of prevention and early cancer detection research without the need for long term follow-up and high cost associated with randomized clinical trial depending solely on mortality as an outcome.

The scope of this RFA is limited to the analyses of existing data bases in populations that have been exposed to various screening and health maintenance procedures with information concerning early detection, diagnosis, and patient follow-up.

It is the intent of this RFA to identify intermediate end-points that can be used to assess the contributions of early cancer detection, whether initiated by patient or physician.

Applicants are encouraged to submit a letter of intent and consult with NCI program staff before submitting an application because of the need for a clear understanding of the cancer control research issues involved and to facilitate planning for the review of applications.

Nonprofit and for profit institutions within the United States are eligible to apply for project periods up to two years. It is anticipated that a maximum of four awards will be made as a result of this RFA.

Copies of the complete RFA may be obtained from:

Bill Bunnag, Ph.D.
Program Director,
Early Detection Branch, CCO, DCPC
National Cancer Institute, NIH
Blair Building, Room 7A-05
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8708

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

SPECIALIZED CENTERS OF RESEARCH IN: CORONARY AND VASCULAR DISEASES; HEART FAILURE; OR CONGENITAL HEART DISEASE

RFA AVAILABLE: 87-HL-26-H

P.T. 04, 34; K.W. 0715040, 0710030

National Heart, Lung, and Blood Institute

Application Receipt Date: May 16, 1988

The Division of Heart and Vascular Diseases of the National Heart, Lung, and Blood Institute (NHLBI), NIH announces the availability of a Request for Applications (RFA) for Specialized Centers of Research (SCOR) in Coronary and Vascular Diseases; Heart Failure; or Congenital Heart Disease. Copies of the RFA and Instructions for the Preparation of Applications are available from staff of the NHLBI.

NHLBI currently supports nine Ischemic Heart Disease SCORs. The Institute, with the advice and concurrence of the National Heart, Lung, and Blood Advisory Council, the Cardiology Advisory Committee, and the research community, now plans to broaden the scope of these SCORs. This is not intended to de-emphasize research on ischemic heart disease, but rather to apply the advantages of the SCOR mechanism to other areas of cardiovascular disease. The renewal of the SCOR program will be focused in the following cardiovascular disease areas:

1 Coronary and Vascular Diseases

2 Heart Failure

3 Congenital Heart Disease

The program is open to all investigators. All applicants must propose both basic and clinical research, and the research activities of an individual SCOR application must focus on only one of the three areas of cardiovascular disease, although a given institution may submit applications in more than one area. It is anticipated that approximately nine SCORs will be funded under this RFA. The requirements and formats for applications submitted in response to the announcement and copies of the RFA may be obtained from:

John Fakunding, Ph.D.
or Constance Weinstein, Ph.D.
Cardiac Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 3C06
Bethesda, Maryland 20892
Telephone: (301) 496-1081

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

PATHOGENESIS OF INTESTINAL DYSFUNCTION IN AIDS

RFA AVAILABLE: 87-DK-09

P.T. 34; K.W. 0715120, 0715085, 0785165, 0710030

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: November 23, 1987

PURPOSE

The Division of Digestive Diseases and Nutrition (DDDN) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites investigator-initiated applications for regular research project grants involving multi-disciplinary basic and clinical research aimed at elucidating the pathogenesis of intestinal dysfunction in the Acquired Immunodeficiency Syndrome (AIDS). These studies should provide important information concerning the mechanisms of disease progression in AIDS and begin to delineate the strategies that will be needed to manage and treat this disease effectively.

BACKGROUND

In AIDS research to date, the primary emphasis has been the detection, identification, and characterization of the viral causative agent. However, the gastrointestinal manifestations of AIDS are severe and, of these, the wasting syndrome is the one most closely correlated with subsequent death.

There is a fundamental interrelationship between gastrointestinal dysfunction and the wasting syndrome in AIDS. Immune dysfunction results in antigen and pathogen adherence and penetration into the mucosa, chronic viral and mycobacterial infections, lymphoproliferation, and a possible autoaggressive reaction. The resulting extensive histologic damage in the intestinal tract of AIDS patients leads to nutrient malabsorption, increased losses of proteins and other nutrients, and systemic immune stimulation from luminal antigens. Consequently, malnutrition results, including deficiencies of essential micronutrients as well as substrates and energy to support immune responses. Thus, there is a negative feedback of malnutrition on the immune deficiency, and, presumably, a self-perpetuating cycle ensues, which leads to an observed lack of intestinal tissue repletion and consequent terminal course, even in the absence of further specific complications. It is conceivable, therefore, that interruption of this purported vicious cycle by, for example, tissue repletion via total parenteral nutrition might affect morbidity and mortality and would be an important advance in the treatment of AIDS.

Study of the gastrointestinal tract is relevant to studies of immunodeficiency states, since the intestine acts both as a barrier against the environment and as the sole organ to provide nutrition to the body. It is the largest lymphoid organ in the body, and lymphoid cells comprise about 25 per cent of the wet weight of the mucosa. Intestinal function is impaired in other immune deficiencies. Loss of mucosal immunity should lead to increased uptake of antigens into the body and increase the burden on the systemic immune system. This factor may be relevant to the consideration of secondary immune stimulation in promoting AIDS. Since systemic hyporesponsiveness (tolerance) is a function of intestinal lymphoid cells, immune dysfunction with loss of tolerance also may promote secondary immune stimulation.

Abnormalities among T-lymphocyte subsets in the circulation have been reported in homosexual men with AIDS. Many of these individuals also have impaired T-lymphocyte function as assessed by responses to T-cell mitogens or skin test antigens. Whether or not parallel abnormalities in immune function exist in the intestinal mucosa is not known. However, a significant decrease in mucosal T lymphocytes of the helper/inducer phenotype and a decrease in the "helper/suppressor" T-cell ratio in the small intestine of homosexual men with AIDS has been recently reported. In these studies, parallel abnormalities were not found among healthy homosexual men, although the same individuals had abnormal helper/suppressor T-cell ratios in the periphery. One might, therefore, speculate that the abnormalities in intestinal mucosal T cells in subjects with AIDS may be accompanied by a parallel defect in mucosal immune function. Such a defect may render these individuals more susceptible to the persistent and opportunistic enteric infections that occur in AIDS.

An exciting new area of investigation is the finding that neuropeptides, including vasoactive intestinal peptide, substance P, and somatostatin, that are present in the intestine can modulate immune function, including IgA synthesis in a dose-dependent manner, and that receptors for these neuropeptides are found on lymphocytes. Because the concentration of neuropeptides in the mucosa is much higher than in the blood, it is possible that they may be important immunoregulatory factors. This may be of importance for future clinical studies involving AIDS patients in that neuropeptide regulation of immunity in the intestine could modulate inflammatory intestinal diseases or may influence mucosal defense mechanisms, thereby preventing pathogen adherence and penetration, preventing intestinal damage, or facilitating intestinal tissue repletion. Furthermore, the development of pharmacologic agents to modulate the effects of neuropeptides on the mucosal immune system will be of interest as the mechanisms whereby neuropeptides modulate intestinal immune or inflammatory processes are delineated.

OBJECTIVES AND SCOPE

The Gastrointestinal Immunology and Digestion Programs of this Division desire to stimulate support of multidisciplinary basic and clinical research aimed at examining the causes and consequences of intestinal dysfunction and their response to treatment of the AIDS syndrome. Toward this end, applications will be invited for regular research project grants relating but not limited to: (a) studies of the severity and course of malnutrition and its relationship to the timing of death and to the observed immune deficiency, (b) the characterization of the intestinal injury that occurs in patients with AIDS, the examination of its development from infectious and noninfectious factors, and the determination of the relationships between intestinal injury and dysfunction, (c) the determination of the mechanisms of intestinal maldigestion and malabsorption in AIDS and their response to treatment of selected aspects of the syndrome, (d) investigation of intestinal mucosal immune function in AIDS, (e) the determination of the intestinal epithelial portals of entry (including mechanisms of adherence and penetration) in AIDS of the viral causative agent and opportunistic pathogens, and (f) the development of strategies for treating patients with AIDS using a combination of treatments effective against both the viral causative agent and opportunistic pathogens, correction of nutritional deficiencies, and immunomodulatory agents. The abnormalities of gastrointestinal function in AIDS are certainly complex and, although not the primary cause, they could play a major role in the course and clinical outcome of the disease. The proposed studies should provide information which might be important in devising strategies to treat this disease effectively.

MECHANISM OF SUPPORT

Support for this initiative will be through the grant-in-aid and will be governed by the current policies of grant programs of the National Institutes of Health. Applications may be submitted for traditional research project grants (R01s) only. Although plans for Fiscal Year 1988 include $2.8 million for the total (direct and indirect) costs of this initiative, the funding of applications submitted in response to this RFA is contingent on the actual availability of funds and receipt of applications deemed worthy of support by the accepted NIH peer review procedure. It is anticipated that ten to fourteen awards will be made for up to five years under this program. Since a variety of approaches would represent valid responses to this announcement, it is anticipated that there will be a range of costs among individual awards.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this RFA will be reviewed for scientific and technical merit by an initial review group which will be convened by the Division of Extramural Activities, NIDDK, solely to review these applications. Upon receipt, applications will be evaluated for their responsiveness to the objectives of this RFA. If an application is judged unresponsive at this stage, the applicant will be contacted and given an opportunity to withdraw the application or to have it considered for the regular research grant program of the NIH. Should the proposal submitted in response to the RFA be substantially similar to a research application already under consideration by the NIH, the applicant will be asked to withdraw either application. Simultaneous submission of identical applications will not be allowed.

Funding decisions will be based on Initial Review Group and the National Diabetes and Digestive and Kidney Diseases Advisory Council recommendations and relevance to the Objectives and Scope of the RFA. Applicants should request a start date of July 1, 1988.

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review.

For further information and copies of the complete RFA, please contact:

G.G. Roussos, Ph.D.
Director
Pancreas Program, and Gastrointestinal Digestion and
Immunology Programs, DDDN/NIDDK
National Institutes of Health
Westwood Building, Room 3A-18A
Bethesda, Maryland 20892
Telephone: (301) 496-7121

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NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 1014002, 1014003, 0201011

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the revised Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: September 14-15, 1987

Location: Minneapolis, Minnesota

Contact:

Cynthia S. Gillett, DVM
Research Animal Resources
Division of Comparative Medicine
Box 351 UMHC
University of Minnesota
Minneapolis, Minnesota 55455
Telephone: (612) 624-4625

Date: January 28-29, 1988

Location: Albuquerque, New Mexico

Contact:

Ms. Rynda Gibbs
University of New Mexico School of Medicine
Continuing Medical Education
815 Vassar N.E.
Albuquerque, New Mexico 87131
Telephone: (505) 277-3942

Other workshops are being planned and will be announced in future issues of the NIH Guide for Grants and Contracts.

For additional information contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office of Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS - ULTRASOUND READING CENTER

RFP AVAILABLE: NHLBI-HC-87-06

P.T. 34; K.W. 0715040, 0785055, 0607024

National Heart, Lung, and Blood Institute

The Epidemiology and Biometry Research Program, DECA, NHLBI, seeks an ultrasound reading center for a project in which four field centers will recruit, examine, and follow a total of 5000 men and women (1250 in each center), aged 65 to 84 years at the baseline examination in a prospective study of coronary heart diseases and stroke. The ultrasound reading center will develop a protocol for collection of ultrasound data at the four field centers and perform precise measures of carotid artery lumen and lesion features.

In addition to this RFP for the Ultrasound Reading Center, separate RFPs have been announced for the Coordinating Center, the Field Centers, the Echocardiography Reading Center and the Central Blood Analysis Laboratory.

RFP NHLBI-HC-87-06 for the Ultrasound Reading Center will be available on or about August 28, 1987, with proposals due on or about October 28, 1987. One award is anticipated. Your written request should include three mailing labels, self-addressed, and must cite RFP No. NHLBI-HC-87-06.

Requests for copies of the RFP should be sent to:

Betty Nordan
Contracting Officer for Epidemiology and
Biometry Research Program,
ECA Contracts Section
National Heart, Lung, and Blood Institute
Federal Bldg., Room 3C16
Bethesda, MD 20892

MANIPULATION OF THE SUPPRESSOR ARM OF THE IMMUNE RESPONSE DIRECTED TOWARDS SUCCESSFUL HUMAN IMMUNOTHERAPY

RFA AVAILABLE: 87-CA-30

P.T. 34; K.W. 0745045, 0710060, 0755015

National Cancer Institute

Application Receipt Date: November 16, 1987

The Division of Cancer Treatment of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic and applied studies to investigate manipulation of the suppressor arm of the immune response directed toward successful human immunotherapy.

BACKGROUND INFORMATION

The immune system is highly complex, composed of different types of cells located in various central and peripheral lymphoid organs. The complex immunologic network can affect, among other responses, the growth of cancer cells. In certain animal models, tumors can be demonstrated to be antigenic and to be rejected on the basis of immune responses to these antigens. This potentially beneficial host response can, however, be inhibited by the development of suppressor functions, which may be present as part of the normal physiologic process by which immune responses are regulated. Thus, a tumor which could otherwise be rejected escapes immunologic elimination because of the normal inhibitory regulatory system.

Several groups have identified the subtypes of suppressor lymphocytes in animal models and have demonstrated that the suppressor arm of the immune response can be abolished or diminished with significant anti-tumor effects. As elegant as these studies are, however, they are, nevertheless, very difficult to translate into practical therapy for cancer patients. It is very hard to establish whether individual tumors in humans are antigenic, a critical point since it is principally with antigenic tumors that specific suppressor modulation might be expected to be successful. The detailed mode of action of certain agents such as cyclophosphamide which affect the suppressor arm of the immune response are poorly understood. Convincing in vitro systems that measure suppressor effects in cancer tumor systems are rare, and most of the animal models that measure suppressor cell phenomena do so by in vivo measurement of progressive tumor growth. Finally, in animal models, the inhibition of suppressor cell function can only be carried out in a precisely timed manner with regard to the growth of tumor, a restriction not easily possible in humans. Despite all these difficulties, attempts to regulate the suppressor phase of the immune response in humans so as to achieve a successful anti-tumor effect, should be investigated.

RESEARCH GOALS AND SCOPE

The goal of this research is to obtain information from preclinical systems that would lead to successful manipulation of the suppressor arm of the immune response so as to enhance a destructive immunologic attack on malignant tumors. New agents that can decrease suppressor cells should be sought.

Known examples of such agents include cyclophosphamide, cimetidine, cyclooxygenase inhibitors and deoxyguanosine. The cellular and molecular mechanisms of action of such agents should be explored. For reasons which are unclear, suppressor T cell subsets appear to be more susceptible than effector T cell subsets to a number of these agents. Also desirable would be the establishment of innovative animal models to explore the role of suppressor cells in cancer biology. This could include therapy of ultraviolet (UV) radiation-induced and carcinogen-induced autochthonous tumors. For example, UV radiation in vivo suppresses the immune response systemically. Investigation of the mechanism(s) by which this occurs could provide information about how suppressor cells are produced in vivo. In order to be responsive to this RFA, the application should include some experiments which are designed to demonstrate cancer regression in a therapy model. Although the major intent of this RFA is to encourage preclinical modeling studies, appropriately designed clinical trials, based on preclinical data, would also be accepted.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants, i.e., an appropriate review panel consisting primarily of non-Federal employees convened by the Division of Extramural Activities, NCI. Secondary review for programmatic relevance will be by the National Cancer Advisory Board. The present RFA announcement is for a single competition with a specified deadline of November 16, 1987 for receipt of applications. The intent is to fund 4-5 projects. All applications will be evaluated by a single review panel in accordance with the review criteria. Future renewal applications will not compete for earmarked funds. Instead, all renewal applications will be considered as unsolicited grant applications which will compete with all other unsolicited applications received by NIH.

Review criteria include significance and originality of the research goals and approaches and responsiveness to the goals of the RFA; feasibility of the research and adequacy of experimental design; training, experience, and research competence of the investigator(s); adequacy of available facilities; provision for the adequacy of protection of human subjects, the humane care of animals and appropriateness of the requested budget to the work proposed. The application will be evaluated also for responsiveness to the research goals of the RFA by the Biological Response Modifiers Program, NCI. Applications which are judged as unresponsive to the RFA will be considered with other unsolicited grant applications reviewed during the next NIH review cycle.

Requests for copies of the RFA in its expanded form should be addressed to:

Dr. Ira Green
Biological Resources Branch
BRMP, DCT, NCI-FCRF
Building 426, Room 1
Frederick, MD 21701-1013
Telephone: (301) 698-1098

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

IMMUNOLOGIC INVESTIGATION OF MULTI DRUG-RESISTANCE OF NEOPLASTIC CELLS

P.T. 34; K.W. 0745005, 0710070

RFA AVAILABLE: 87-CA-28

National Cancer Institute

Application Receipt Date: November 16, 1987

The Division of Cancer Treatment of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic and applied studies for immunologic investigation of multi-drug resistance of neoplastic cells.

BACKGROUND INFORMATION

Cytotoxic chemotherapy is a major form of clinical cancer treatment, and much progress has been made using chemotherapeutic agents. Nevertheless, the emergence of drug-resistant cancer cells during the course of chemotherapy continues to be a major problem. During the past 10 years, a new system, termed multi-drug cross resistance (MDR), has been defined which, in part, explains a major aspect of the drug resistance of cancer cells. When a tumor cell becomes resistant to one class of drug, usually a natural product, the same cell also demonstrates resistance to another class of unrelated drugs, including synthetic compounds. This type of resistance is due to the increased cell membrane expression of a 170,000 dalton glycoprotein which controls the permeability and efflux of drugs from the cell such that cells with a large amount of this protein are able to expel the drug at a faster rate. The protein has been called the P-glycoprotein (P-170). The gene for P-170 has been cloned and the amino acid sequence of the protein is known. Exactly how the presence of increased amounts of P-170 in the cell membrane of resistant cells leads to decreased drug concentration within the cell remains to be fully understood.

Recently, several groups have produced monoclonal antibodies to P-170. These antibodies can be used to identify cells and tissues bearing increased amounts of P-170 and to affect the function of P-170.

RESEARCH GOALS AND SCOPE

The goal of this research is to develop immunologic methods that will lead to a further understanding of the mechanism of action of P-170 and to interfere with its function on cancer cells with the long-term aim of producing favorable clinical therapeutical effects.

Studies are encouraged which will: (1) produce new monoclonal antibodies (MoAbs) against P-170; (2) identify the functional domains of P-170 by production of monoclonal antibodies to polypeptides from different domains of the molecule and testing of these antibodies for effectiveness in inhibiting growth of multi-drug resistant cells and drug binding or drug efflux from cells; (3) use monoclonal antibodies to study receptor function of P-170; here the fate of the drug P-170 conjugate, exocytosis, coated pit localization, breakdown of the conjugate and P-170 recycling should be examined; (4) to investigate how other drugs, e.g., Ca channel blocking agents which can partially overcome MDR interact with P-170; e.g., will certain MoAbs block the association between Ca channel blocking agents and P-170?; (5) to use MoAbs to establish if P-170 molecules exist as a family of molecules; (6) to use MoAbs to inhibit growth of human drug-resistant xenografts in a suitable nude mouse model system; (7) use MoAbs to screen tumor tissues to correlate elevated levels of P-170 with drug resistance in patients; (8) to test P-170 as a target for therapy with MoAbs coupled to toxins or to I131 in vitro and in animal models with the ultimate aim of use in patient therapy; and (9) to develop T-cell and other types of cell-mediated immunity to P-170 bearing cells in animal models and in vitro.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants, i.e., an appropriate review panel consisting primarily of non-Federal employees convened by the Division of Extramural Activities, NCI. Secondary review for programmatic relevance will be by the National Cancer Advisory Board. The present RFA announcement is for a single competition with a specified deadline of November 16, 1987 for receipt of applications. The intent is to fund 3-5 projects. All applications will be evaluated by a single review panel in accordance with the review criteria. Future renewal applications will not compete for earmarked funds. Instead, all renewal applications will be considered as unsolicited grant applications which will compete with all other unsolicited applications received by NIH.

Review criteria include significance and originality of the research goals and approaches and responsiveness to the goals of the RFA; feasibility of the research and adequacy of experimental design; training, experience, and research competence of the investigator(s); adequacy of available facilities; provision for the adequacy of protection of human subjects, humane care of animals and appropriateness of the requested budget to the work proposed. The application will be evaluated also for responsiveness to the research goals of the RFA by the Biological Response Modifiers Program, NCI. Applications which are judged as unresponsive to the RFA will be considered with other unsolicited grant applications reviewed during the next NIH review cycle.

Requests for copies of the RFA in its expanded form should be addressed to:

Dr. Ira Green
Biological Resources Branch
BRMP, DCT, NCI-FCRF
Building 426, Room 1
Frederick, MD 21701-1013
Telephone: (301) 698-1098

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PROTECTION OF BONE MARROW AGAINST THE EFFECTS OF CYTOTOXIC DRUGS AND X-IRRADIATION

RFA AVAILABLE: 87-CA-29

P.T. 34; K.W. 0705005, 0755020, 0785190, 0745005

National Cancer Institute

Application Receipt Date: November 16, 1987

The Division of Cancer Treatment of the National Cancer Institute (NCI) invites grant applications from interested investigators for basic and applied studies to investigate protection of bone marrow against the effects of cytotoxic drugs and X-irradiation.

BACKGROUND INFORMATION

One of the limiting features of cancer treatment using standard cancer chemotherapy and X-irradiation is damage to the bone marrow leading to the absence of peripheral blood and tissue leukocytes necessary for host defense against infectious agents. In addition, such damage to bone marrow causes failure of RBC and platelet production. Various agents protect the bone marrow against some of these deleterious effects. Recent preliminary studies with cytokines such as IL-1, G-CSF, GM-CSF, IL-2 and gamma interferon have indicated that these can also protect against the detrimental effects of X-irradiation and of chemotherapy. The detailed mechanism of action and full potential of these agents are still to be explored.

RESEARCH GOALS AND SCOPE

To develop basic preclinical information that will aid in the development of clinical use of bone marrow protecting agents in cancer therapy. This RFA is intended to foster research in animal models to explore these questions. Models in which normal animals or tumor-bearing animals are treated with standard anti-cancer treatment and then treated with bone marrow protecting agents at various times relative to the standard therapy would provide useful information prior to human use of such strategies. Detailed studies of peripheral blood and organ counts of various hematopoietic cell types would be indicated. Also, colony-forming abilities of cells contained within bone marrow and other blood-forming organs should be performed. The above could also be integrated with in vitro models of hematopoiesis, such as Dexter and/or Witte-Whitlock cultures. Such cultures could also be employed to study effects of lymphokines and/or other bone marrow protecting agents at a cellular and molecular level on hematopoiesis and on stromal cells and their interaction with hematopoietic progenitor cells. Considering that many patients who receive cancer therapy die as a result of infectious disease, the possible effects of bone marrow protecting agents, in particular lymphokines such as the CSFs, on infectious disease could also be studied in the above mentioned animal models.

Also encouraged would be the study of combinations of known lymphokines and CSFs and other protecting agents, and the discovery of entirely new lymphokines and biologic response modifiers that might mediate such effects. The discovery of any defined agent of any kind that could have similar protective effects on bone marrow would be highly desirable. Finally, since other rapidly proliferating tissue, such as cells of the gastrointestinal tract, is also damaged by cancer chemotherapy and X-irradiation, the protective effects of the above agents or of other agents could be explored in this regard.

While exploring mechanisms of protective action, it is extremely important in these applications that endpoints measuring anti-cancer effects should also be included.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants, i.e. an appropriate review panel consisting primarily of non-Federal employees convened by the Division of Extramural Activities, NCI. Secondary review for programmatic relevance will be by the National Cancer Advisory Board. The present RFA announcement is for a single competition with a specified deadline of November 16, 1987 for receipt of applications. The intent is to fund 3-5 projects. All applications will be evaluated by a single review panel in accordance with the review criteria. Future renewal applications will not compete for earmarked funds. Instead, all renewal applications will be considered as unsolicited grant applications which will compete with all other unsolicited applications received by NIH.

Review criteria include significance and originality of the research goals and approaches and responsiveness to the goals of the RFA; feasibility of the research and adequacy of experimental design; training, experience, and research competence of the investigator(s); adequacy of available facilities; provision for adequacy of protection of human subjects, the humane care of animals and appropriateness of the requested budget to the work proposed. The application will also be evaluated for responsiveness to the research goals of the RFA by the Biological Response Modifiers Program, NCI. Applications which are judged as unresponsive to the RFA will be considered with other unsolicited grant applications reviewed during the next NIH review cycle.

Requests for copies of the RFA in its expanded form should be addressed to:

Dr. Ira Green
Biological Resources Branch
BRMP, DCT, NCI-FCRF
Building 426, Room 1
Frederick, MD 21701-1013
Telephone: (301) 698-1098

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

EVALUATION OF IMPACT OF EARLY CANCER DETECTION: RETROSPECTIVE STUDIES

RFA AVAILABLE: 87-CA-31

P.T. 34; K.W. 0745020, 0745055, 1010013

National Cancer Institute

Application Receipt Date: October 23, 1987

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites grant applications from investigators interested in elucidating one or more intermediate end-points through analyses of existing data to enable the evaluation and to assess the extent of benefit of early cancer detection.

Intermediate end-points are needed that can be evaluated rapidly and reliably and which have a known link to the subsequent development of cancer. These end-points will enable NCI to evaluate the impact of prevention and early cancer detection research without the need for long term follow-up and high cost associated with randomized clinical trial depending solely on mortality as an outcome.

The scope of this RFA is limited to the analyses of existing data bases in populations that have been exposed to various screening and health maintenance procedures with information concerning early detection, diagnosis, and patient follow-up.

It is the intent of this RFA to identify intermediate end-points that can be used to assess the contributions of early cancer detection, whether initiated by patient or physician.

Applicants are encouraged to submit a letter of intent and consult with NCI program staff before submitting an application because of the need for a clear understanding of the cancer control research issues involved and to facilitate planning for the review of applications.

Nonprofit and for profit institutions within the United States are eligible to apply for project periods up to two years. It is anticipated that a maximum of four awards will be made as a result of this RFA.

Copies of the complete RFA may be obtained from:

Bill Bunnag, Ph.D.
Program Director,
Early Detection Branch, CCO, DCPC
National Cancer Institute, NIH
Blair Building, Room 7A-05
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8708

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

SPECIALIZED CENTERS OF RESEARCH IN: CORONARY AND VASCULAR DISEASES; HEART FAILURE; OR CONGENITAL HEART DISEASE

RFA AVAILABLE: 87-HL-26-H

P.T. 04, 34; K.W. 0715040, 0710030

National Heart, Lung, and Blood Institute

Application Receipt Date: May 16, 1988

The Division of Heart and Vascular Diseases of the National Heart, Lung, and Blood Institute (NHLBI), NIH announces the availability of a Request for Applications (RFA) for Specialized Centers of Research (SCOR) in Coronary and Vascular Diseases; Heart Failure; or Congenital Heart Disease. Copies of the RFA and Instructions for the Preparation of Applications are available from staff of the NHLBI.

NHLBI currently supports nine Ischemic Heart Disease SCORs. The Institute, with the advice and concurrence of the National Heart, Lung, and Blood Advisory Council, the Cardiology Advisory Committee, and the research community, now plans to broaden the scope of these SCORs. This is not intended to de-emphasize research on ischemic heart disease, but rather to apply the advantages of the SCOR mechanism to other areas of cardiovascular disease. The renewal of the SCOR program will be focused in the following cardiovascular disease areas:

1 Coronary and Vascular Diseases

2 Heart Failure

3 Congenital Heart Disease

The program is open to all investigators. All applicants must propose both basic and clinical research, and the research activities of an individual SCOR application must focus on only one of the three areas of cardiovascular disease, although a given institution may submit applications in more than one area. It is anticipated that approximately nine SCORs will be funded under this RFA. The requirements and formats for applications submitted in response to the announcement and copies of the RFA may be obtained from:

John Fakunding, Ph.D.
or Constance Weinstein, Ph.D.
Cardiac Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 3C06
Bethesda, Maryland 20892
Telephone: (301) 496-1081

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

PATHOGENESIS OF INTESTINAL DYSFUNCTION IN AIDS

RFA AVAILABLE: 87-DK-09

P.T. 34; K.W. 0715120, 0715085, 0785165, 0710030

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: November 23, 1987

PURPOSE

The Division of Digestive Diseases and Nutrition (DDDN) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites investigator-initiated applications for regular research project grants involving multi-disciplinary basic and clinical research aimed at elucidating the pathogenesis of intestinal dysfunction in the Acquired Immunodeficiency Syndrome (AIDS). These studies should provide important information concerning the mechanisms of disease progression in AIDS and begin to delineate the strategies that will be needed to manage and treat this disease effectively.

BACKGROUND

In AIDS research to date, the primary emphasis has been the detection, identification, and characterization of the viral causative agent. However, the gastrointestinal manifestations of AIDS are severe and, of these, the wasting syndrome is the one most closely correlated with subsequent death.

There is a fundamental interrelationship between gastrointestinal dysfunction and the wasting syndrome in AIDS. Immune dysfunction results in antigen and pathogen adherence and penetration into the mucosa, chronic viral and mycobacterial infections, lymphoproliferation, and a possible autoaggressive reaction. The resulting extensive histologic damage in the intestinal tract of AIDS patients leads to nutrient malabsorption, increased losses of proteins and other nutrients, and systemic immune stimulation from luminal antigens. Consequently, malnutrition results, including deficiencies of essential micronutrients as well as substrates and energy to support immune responses. Thus, there is a negative feedback of malnutrition on the immune deficiency, and, presumably, a self-perpetuating cycle ensues, which leads to an observed lack of intestinal tissue repletion and consequent terminal course, even in the absence of further specific complications. It is conceivable, therefore, that interruption of this purported vicious cycle by, for example, tissue repletion via total parenteral nutrition might affect morbidity and mortality and would be an important advance in the treatment of AIDS.

Study of the gastrointestinal tract is relevant to studies of immunodeficiency states, since the intestine acts both as a barrier against the environment and as the sole organ to provide nutrition to the body. It is the largest lymphoid organ in the body, and lymphoid cells comprise about 25 per cent of the wet weight of the mucosa. Intestinal function is impaired in other immune deficiencies. Loss of mucosal immunity should lead to increased uptake of antigens into the body and increase the burden on the systemic immune system. This factor may be relevant to the consideration of secondary immune stimulation in promoting AIDS. Since systemic hyporesponsiveness (tolerance) is a function of intestinal lymphoid cells, immune dysfunction with loss of tolerance also may promote secondary immune stimulation.

Abnormalities among T-lymphocyte subsets in the circulation have been reported in homosexual men with AIDS. Many of these individuals also have impaired T-lymphocyte function as assessed by responses to T-cell mitogens or skin test antigens. Whether or not parallel abnormalities in immune function exist in the intestinal mucosa is not known. However, a significant decrease in mucosal T lymphocytes of the helper/inducer phenotype and a decrease in the "helper/suppressor" T-cell ratio in the small intestine of homosexual men with AIDS has been recently reported. In these studies, parallel abnormalities were not found among healthy homosexual men, although the same individuals had abnormal helper/suppressor T-cell ratios in the periphery. One might, therefore, speculate that the abnormalities in intestinal mucosal T cells in subjects with AIDS may be accompanied by a parallel defect in mucosal immune function. Such a defect may render these individuals more susceptible to the persistent and opportunistic enteric infections that occur in AIDS.

An exciting new area of investigation is the finding that neuropeptides, including vasoactive intestinal peptide, substance P, and somatostatin, that are present in the intestine can modulate immune function, including IgA synthesis in a dose-dependent manner, and that receptors for these neuropeptides are found on lymphocytes. Because the concentration of neuropeptides in the mucosa is much higher than in the blood, it is possible that they may be important immunoregulatory factors. This may be of importance for future clinical studies involving AIDS patients in that neuropeptide regulation of immunity in the intestine could modulate inflammatory intestinal diseases or may influence mucosal defense mechanisms, thereby preventing pathogen adherence and penetration, preventing intestinal damage, or facilitating intestinal tissue repletion. Furthermore, the development of pharmacologic agents to modulate the effects of neuropeptides on the mucosal immune system will be of interest as the mechanisms whereby neuropeptides modulate intestinal immune or inflammatory processes are delineated.

OBJECTIVES AND SCOPE

The Gastrointestinal Immunology and Digestion Programs of this Division desire to stimulate support of multidisciplinary basic and clinical research aimed at examining the causes and consequences of intestinal dysfunction and their response to treatment of the AIDS syndrome. Toward this end, applications will be invited for regular research project grants relating but not limited to: (a) studies of the severity and course of malnutrition and its relationship to the timing of death and to the observed immune deficiency, (b) the characterization of the intestinal injury that occurs in patients with AIDS, the examination of its development from infectious and noninfectious factors, and the determination of the relationships between intestinal injury and dysfunction, (c) the determination of the mechanisms of intestinal maldigestion and malabsorption in AIDS and their response to treatment of selected aspects of the syndrome, (d) investigation of intestinal mucosal immune function in AIDS, (e) the determination of the intestinal epithelial portals of entry (including mechanisms of adherence and penetration) in AIDS of the viral causative agent and opportunistic pathogens, and (f) the development of strategies for treating patients with AIDS using a combination of treatments effective against both the viral causative agent and opportunistic pathogens, correction of nutritional deficiencies, and immunomodulatory agents. The abnormalities of gastrointestinal function in AIDS are certainly complex and, although not the primary cause, they could play a major role in the course and clinical outcome of the disease. The proposed studies should provide information which might be important in devising strategies to treat this disease effectively.

MECHANISM OF SUPPORT

Support for this initiative will be through the grant-in-aid and will be governed by the current policies of grant programs of the National Institutes of Health. Applications may be submitted for traditional research project grants (R01s) only. Although plans for Fiscal Year 1988 include $2.8 million for the total (direct and indirect) costs of this initiative, the funding of applications submitted in response to this RFA is contingent on the actual availability of funds and receipt of applications deemed worthy of support by the accepted NIH peer review procedure. It is anticipated that ten to fourteen awards will be made for up to five years under this program. Since a variety of approaches would represent valid responses to this announcement, it is anticipated that there will be a range of costs among individual awards.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this RFA will be reviewed for scientific and technical merit by an initial review group which will be convened by the Division of Extramural Activities, NIDDK, solely to review these applications. Upon receipt, applications will be evaluated for their responsiveness to the objectives of this RFA. If an application is judged unresponsive at this stage, the applicant will be contacted and given an opportunity to withdraw the application or to have it considered for the regular research grant program of the NIH. Should the proposal submitted in response to the RFA be substantially similar to a research application already under consideration by the NIH, the applicant will be asked to withdraw either application. Simultaneous submission of identical applications will not be allowed.

Funding decisions will be based on Initial Review Group and the National Diabetes and Digestive and Kidney Diseases Advisory Council recommendations and relevance to the Objectives and Scope of the RFA. Applicants should request a start date of July 1, 1988.

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review.

For further information and copies of the complete RFA, please contact:

G.G. Roussos, Ph.D.
Director
Pancreas Program, and Gastrointestinal Digestion and
Immunology Programs, DDDN/NIDDK
National Institutes of Health
Westwood Building, Room 3A-18A
Bethesda, Maryland 20892
Telephone: (301) 496-7121

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For Grants and Contracts

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VOL. 16, NO. 27, AUGUST 7, 1987

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NOTICE

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P.T. 34: K.W. 1014002

National Institutes of Health

In the new edition of the Application for Public Health Service Grant Form PHS 398, revised 9/86, the original form pages are printed using orange ink. Orange print is transparent to optical scanning systems and therefore this color print was chosen because the ability to automatically transfer information into the NIH computer will be important to NIH in the future. It was recently learned, however, that this color is not reproduced by some duplicating machines and especially machines in which the toner is not fresh.

Applicants are reminded of the importance of submitting legible copies of the application. An application may be considered incomplete and returned if the original and all copies are not legible.

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

APPLICATION OF CHELATE CONJUGATED RADIOLABELED MONOCLONAL ANTIBODIES SPECIFICALLY TO DIAGNOSTIC IMAGING

RFA AVAILABLE: 87-CA-33

P.T. 34; K.W. 0706030, 0760045, 0785190

National Cancer Institute

Application Receipt Date: December 1, 1987

The Radiation Research Program (RRP), Division of Cancer Treatment (DCT), of the National Cancer Institute (NCI), announces the availability of a Request for Applications (RFA) on the above program. The main objective of this RFA is to support meritorious research for the development and use of chelate conjugated radiolabeled monoclonal antibodies in diagnostic imaging, staging, and monitoring of cancer therapy.

There has been an impressive advancement in the understanding of factors involved in the in vivo targeting of biologically active molecules which bind to specific recognition sites on tissues. Considerable advances have been made in the area of new radiolabeling methodologies that leave the antibodies highly immunoactive. Much needs to be done, however, to optimize radiochemical labeling techniques so that normal biologic activity of the immunoglobulin is retained and that non-specific localization in normal tissues is minimized. There appear to be biologic issues which need to be settled. These probably are most amenable to the development of new quantitative methodologies, either using SPECT or PET for actually estimating the fraction of the dose of labeled antibody which reaches the tumor site in vivo. Such information has important implications, both for improvement of diagnostic imaging capabilities as well as a better understanding of the biology of immunoconjugates of all types.

It is anticipated that approximately four or possibly five scientifically meritorious applications can be funded.

The label available with the 9/86 revision of application 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

Request for copies of the complete RFA should be addressed to:

Dr. Matti Al-Aish, Deputy Chief
Diagnostic Imaging Research Branch
Radiation Research Program
National Cancer Institute
National Institutes of Health
Landow Building, Room 8C09
Bethesda, Maryland 20892
Telephone: (301) 496-9531

EPIDEMIOLOGIC STUDIES OF HIV-ASSOCIATED MALIGNANCIES

RFA AVAILABLE: 87-CA-32

P.T. 34; K.W. 0715120, 0785055, 0755030, 0710065, 0745045

National Cancer Institute

Application Receipt Date: December 1, 1987

INTRODUCTION

The Extramural Programs Branch, Epidemiology and Biostatistics Program, Division of Cancer Etiology, National Cancer Institute (NCI) is inviting grant applications from interested investigators for epidemiologic studies to establish the incidence rates, natural history, and etiology of malignancies in individuals at risk for human immunodeficiency virus (HIV) infection, using pathologic, biologic, virologic and immunogenetic probes. This RFA announcement is for a single competition with a deadline of December 1, 1987 for receipt of applications. Applications should be prepared and submitted in accordance with the aims and requirements described in the complete RFA document and summarized in the following sections.

RESEARCH GOALS AND SCOPE

The objective of the proposed RFA is to encourage epidemiologic research into the etiology of HIV-associated malignancies. Questions of interest include: whether any epidemiologic risk factor patterns or laboratory analyses suggest a mechanism of carcinogenesis in contrast to other clinical outcomes of HIV infection; the relationship between the severity and expression of immune alteration in HIV-infected individuals and development and progression of cancer; the effect of host factors such as histocompatibility antigen polymorphisms on susceptibility to HIV-related malignancies; the effect of HIV antigenic variation, and coinfection with related retroviruses or unrelated viruses, on the development of specific malignancies; the relationship of acquired immunodeficiency syndrome (AIDS) prophylaxis and treatments, and related immune alterations, to tumor development and progression; the latency period between exposure to initiating agent(s) and development of malignancy; and the effects of drug and environmental exposures.

Investigations considered responsive to the proposed RFA include, but are not limited to:

- Epidemiologic studies, in the diverse groups at risk for HIV infection, comparing individuals who develop malignancies to those with other outcomes of HIV infection;
- Epidemiologic studies comparing individuals with HIV-associated tumors to those with nonepidemic tumors of the same pathologic type, including those occurring in other immunosuppressed states; or
- Epidemiologic studies of malignancies occurring in individuals receiving treatment for AIDS with particular attention to treatment-related immune alterations.

MECHANISM OF SUPPORT

The mechanism of support for this RFA will be the traditional National Institutes of Health (NIH) research project grant. Responsibility for the planning, direction and execution of the proposed research will be solely that of the applicant. The total project period for applications submitted in response to the present RFA should not exceed five years. Approximately $2,000,000 will be set aside in FY88 to fund applications which are submitted in response to this RFA. It is anticipated that at least four or five applications will be funded. This funding level is dependent on the receipt of a sufficient number of applications of high scientific merit. The earliest feasible start date for the initial awards will be July 1, 1988. Although this program is provided for in the financial plans of the NCI, the award of grants pursuant to this RFA is contingent upon the availability of funds for this purpose. Non-profit and for-profit institutions are eligible to apply. Foreign as well as domestic institutions are eligible. The present RFA announcement is for a single competition with a deadline of December 1, 1987 for receipt of applications. PHS grant policies governing regular research project grants apply to applications received in response to this request.

INQUIRIES

A copy of the complete RFA describing the research goals and scope, the review criteria, and the procedure for applying can be obtained by contacting:

Dr. G. Iris Obrams
Program Director, AIDS Epidemiology
Extramural Programs Branch
Epidemiology and Biostatistics Program
Division of Cancer Etiology
National Cancer Institute
Landow Building, Room 8C16
Bethesda, Maryland 20892
Telephone: (301) 496-9600

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH CAREER DEVELOPMENT AWARD

P.T. 34; K.W. 1014002, 0710030

National Institutes of Health

The National Institutes of Health (NIH) announces changes in the guidelines for Research Career Development Awards (RCDA). Applicants are urged to obtain the complete revised guidelines and to discuss their application with the appropriate NIH staff member indicated below, before preparing an application. These new guidelines will go into effect for the receipt date of February 1, 1988.

The purpose of the RCDA is to provide five years of salary support to investigators who have demonstrated outstanding research potential. In order to enable such investigators to develop this potential, the award guarantees them the ability to devote at least 80 percent of their time to research for five years.

The major new provisions are as follows:

GUARANTEED TIME FOR RESEARCH:

Individuals who receive an RCDA are to devote essentially full time to research and research-related activities. The sponsoring institution must guarantee as part of the RCDA application that, if an award is made, the applicant will have at least 80 percent of his/her time available for research. This includes direct supervision of research trainees such as pre- and postdoctoral fellows and attendance at meetings and workshops.

Up to 20 percent of the candidate's time may be spent on research-related activities that would enhance the candidate's research career development. These include additional research training, teaching related to the research goals of the candidate, and clinical activities that would allow the candidate to maintain clinical skills and expertise necessary for the conduct of research. During the period of the award the institution is expected to defer administrative and other service duties which do not contribute to the candidate's research career development.

ELIGIBILITY:

Candidates must have demonstrated their independence through independent research accomplishments at the time of application. The candidate should normally have five years of postdoctoral research experience, including two years of experience as an independent investigator with independent peer-reviewed grant support. Applicants who do not meet these criteria can qualify if they demonstrate in the application that they have achieved an equivalent level of experience and independence.

Candidates who have achieved tenure or the equivalent, who have a publication record indicating that they are well established in their field, or who have substantial research support that already requires commitment of a major part of their time are ineligible.

Applicants who currently hold a PHS award in the research career program (K series) (e.g. clinical investigator award, physician scientist award) are not eligible to receive an RCDA.

RESEARCH SUPPORT:

At the time of award, the applicant will have to demonstrate that he/she has independent research support sufficient for the research proposed in the RCDA application. This support may be from external or from institutional sources. The awarding unit will not make an award unless such research support is available.

INQUIRIES:

The components of the National Institutes of Health which make grants and awards have different, and varying, program goals, program initiatives, and resource constraints. These differences frequently result in quite distinct patterns of awards among the Bureaus, Institutes, and Divisions (BIDs). A particularly wide disparity in the abilities of the various BIDs to make RCDAs has recently been evident. Therefore, all potential applicants are strongly urged to contact the appropriate BID staff person, prior to preparing an application, to obtain current information about the BID's situation with regard to RCDAs. Applicants should be aware, however, that the assignment of an application to a particular BID is governed by the NIH referral guidelines.

National Institute of Environmental Health Sciences
Dr. Edward Gardner
Building 3, Room 303B
National Institutes of Health
P.O. Box 12233
Research Triangle Park, North Carolina 27709
Telephone: (919) 541-7724

National Eye Institute
Dr. Jack A. McLaughlin
Building 31, Room 6A51
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5983

National Heart, Lung, and Blood Institute
Dr. Henry G. Roscoe
Westwood Building, Room 7A17A
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7225

National Institute of General Medical Sciences
Dr. Elke Jordan
Westwood Building, Room 953
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7061

National Cancer Institute
Dr. Barney C. Lepovetsky, Chief
Cancer Training Branch
Blair Building, Room 424
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 427-8898

National Library of Medicine
Mr. Peter Clepper, Program Officer
Building 38A, Room 5S-518
National Institutes of Health
Bethesda, Maryland 20894
Telephone: (301) 496-4221

National Institute of Allergy and Infectious Diseases
Dr. William E. Bennett
Westwood Building, Room 7A03
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5030

Division of Research Resources
Dr. James F. O'Donnell
Building 31, Room 5B03
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-6023

National Institute of Arthritis and Musculoskeletal and Skin Diseases
Dr. Richard Lymn
Westwood Building, Room 403
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7495

National Institute of Diabetes and Digestive and Kidney Diseases
Dr. Walter Stolz
Westwood Building, Room 657
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7277

National Institute of Neurological and Communicative Disorders and Stroke
Mr. Edward M. Donohue
Federal Building, Room 1016
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-4188

National Institute on Aging
Dr. Miriam C. Kelty
Building 31, Room 5C05
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-9322

National Institute of Child Health and Human Development
Ms. Hildegard Topper
Building 31, Room 2A04
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1848

National Institute of Dental Research
Dr. Thomas Valega
Westwood Building, Room 510
National Institutes of Health
Bethesda, Maryland 20892
Telephone (301) 496-6324

Application forms and complete RCDA guidelines may be obtained from:

Office of Grants Inquiries
Westwood Building, Room 449
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

ERRATUM

The NIH Guide for Grants and Contracts dated July 24, 1987, had an incorrect number on the cover page. The correct volume and number follows:

VOL. 16 NO. 25 - JULY 24, 1987

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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NOTICES

APPLICATIONS INVOLVING HUMAN SUBJECTS - IRB Review "Pending"

P.T. 34; K.W. 0783005, 1014002

National Institutes of Health

The instructions for completing Form PHS-398 (revised 9/86) from an applicant organization which has an appropriate approved Multiple Project Assurance of Compliance on file with the Office of Protection from Research Risks, and which proposes non-exempt research involving human subjects, includes the following:

- o The "information in Items 4a and 4b and the signatures on the Face Page fulfill the requirement for certification of IRB approval. To insure against delays in the review of the application, IRB review is best completed prior to submission of the application. However, if the IRB review is unavoidably delayed beyond the submission of the application, enter 'pending' at Item 4a. A follow-up certification of IRB approval from an official signing for the applicant organization must then be sent to and received by the Executive Secretary of the initial review group within 60 days after the receipt date for which the application is submitted. Any modifications in the Research Plan section of the application required by the IRB must be submitted with the follow-up certification. Occasionally PHS initial review may be scheduled to occur before the end of the 60-day grace period. In these special cases of accelerated review, the follow-up certification will be requested earlier. Otherwise, it is the responsibility of the applicant organization to submit the follow-up certification. The PHS does not guarantee that it will remind the applicant organization or the principal investigator/program director to provide this missing information. If certification of IRB approval is not received prior to the scheduled PHS initial review date, the application will be considered incomplete and deferred to the next review cycle."

A clarification is necessary. If a follow-up certification of IRB approval has to be sent to the Executive Secretary of the initial review group, an appropriately completed and signed Form HHS 596 (available on request from DRG) continues to meet the requirements for certification. In lieu of this preferred form, a letter prepared on organizational letterhead stationery or a revised Face Page is acceptable provided that all of the following required information is included: title of project, application number, name of investigator and institution, Multiple Project Assurance number, date of IRB approval, and appropriate signatures. The form HHS 596, the organizational letter, or the revised Face Page with an attachment must contain any changes or modifications required by the IRB and if none, a statement to that effect.

The name and address of the Executive Secretary of the initial review group will be sent to the principal investigator/program director as soon as possible after the receipt date, usually within six weeks. To avoid delays in review, do not send the follow-up information to any other addressee.

APPLICATIONS INVOLVING LIVE VERTEBRATE ANIMALS - IACUC Review "Pending"

P.T. 34; K.W. 1014002, 1014003

National Institutes of Health

The instructions for completing Form PHS-398 (revised 9/86) from an applicant organization that has an approved Animal Welfare Assurance on file with the Office of Protection from Research Risks, and which proposes research involving vertebrate animals, includes the following:

- o The "information in Items 5a and 5b and the signatures on the Face Page fulfill the requirement for verification of IACUC approval. To insure against delays in the review of the application, IACUC review is best completed prior to submission of the application. However, if the IACUC review is unavoidably delayed beyond the submission of the application, enter 'pending' at Item 5a. A follow-up verification of IACUC approval from an official signing for the applicant organization must then be sent to and received by the Executive Secretary of the initial review group within 60 days

> after the receipt date for which the application is submitted. Any modifications in the Research Plan section of the application required by the IACUC must be submitted with the follow-up verification. Occasionally PHS initial review may be scheduled to occur before the end of the 60-day grace period. In these special cases of accelerated review, the follow-up verification will be requested earlier. Otherwise, it is the responsibility of the applicant organization to submit the follow-up verification. The PHS does not guarantee that it will remind the applicant organization or the principal investigator/program director to provide this missing information. If verification of IACUC approval is not received prior to the scheduled PHS initial review date, the application will be considered incomplete and deferred to the next review cycle."

A clarification is necessary. If a follow-up verification of IACUC approval has to be sent to the Executive Secretary of the initial review group, an appropriately completed and signed letter, prepared according to the example found on page 16 of the PHS Policy on Humane Care and Use of Laboratory Animals (revised as of September 1986), continues to meet the requirements for verification. In lieu of this preferred method, a revised Face Page is acceptable, provided that all of the following information is included: application number, title of project, name of investigator and institution, Animal Welfare Assurance number, date of IACUC approval, and appropriate signatures. An attached page should contain any changes or modifications required by the IACUC, and if none, a statement to that effect.

The name and address of the Executive Secretary of the initial review group will be sent to the principal investigator/program director as soon as possible after the receipt date, usually within six weeks. To avoid delays in review, do not send the follow-up information to any other addressee.

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

EPIDEMIOLOGIC SURVEYS FOR HUMAN RETROVIRUSES

RFP AVAILABLE: NCI-CP-EB-85603-57

P.T. 34; K.W. 0785055, 0404021, 1002045, 0715035

National Cancer Institute

The Family Studies Section (FSS), Environmental Epidemiology Branch (EEB), Epidemiology and Biostatistics Program (EBP), Division of Cancer Etiology (DCE), National Cancer Institute (NCI), is recompeting an ongoing project which is currently being performed by the Medical Research Council (Contract No. N01-CP:-N01-CP-51030). The objectives of this acquisition are: 1) to conduct surveys of the occurrence of human retroviruses in relationship to malignancy by collecting sera and other samples for serologic and virologic analysis from epidemiologically defined study populations; 2) to chart the distribution of HTLV-I in relationship to leukemia/lymphoma and other disease outcomes focusing in areas suspected to be HTLV-I endemic; 3) to explore the role of HIV as a cofactor for virally-associated cancer in Africa; and 4) to search for new human retroviruses suspected on the basis of epidemiologic or serologic evidence. Project sites will be targeted by the NCI and the Principal Investigator based on the potential for exploring or settling specific questions. Choice of study sites will be based on new data contacts with local scientists with access to study populations and through results of ongoing studies in a specific locale with unexpected findings.

Under this proposed acquisition the Contractor shall be responsible for: a) consultations and collaborations with NCI Project Officer(s), other investigators designated by the P.O. and officials of international health organizations as directed by the P.O.; b) surveys of existing and new sera; c) data and specimen collection; d) quality control and standardization; and e) laboratory resources of the Principal Investigator. It is anticipated that a single award will be made for a period of five years with the anticipated award scheduled for February 1988. There are no limitations on the geographic location of the Contractor. In order to be considered, the Contractor must meet three sets of requirements and specifications with regard to institutional (corporate) requirements, institutional experience and personnel requirements. These will be detailed in the solicitation package which will be forwarded upon request. A primary restriction will be the non-interchangeability of the key personnel (substitutions of key personnel after award or resignation of key personnel may be cause for termination and recompetition of the contract). An RFP will be available on/about August 17, 1987, and proposals will be due within 45 calendar days after the date of issuance of the RFP. All responsible sources may submit a proposal which will be considered for award by the National Cancer Institute.

Copies of the RFP may be obtained by sending a written request to:

Trina M. Porter
Contract Specialist
National Cancer Institute
Blair Building, Room 114
9000 Rockville Pike
Bethesda, Maryland 20892

A CLINICAL TRIAL FOR THE USE OF MONOCLONAL ANTIBODIES IN THE PREVENTION OF KIDNEY GRAFT REJECTION

RFP AVAILABLE: NIAID-IAIDP-88-13

P.T. 34; K.W. 0760045, 0755015, 0745040, 0705075

National Institute of Allergy and Infectious Diseases

The National Institutes of Health (NIH) has a requirement for the acquisition of a Clinical Trial for the Use of Monoclonal Antibodies in the Prevention of Kidney Graft Rejection.

The Genetics and Transplantation Biology Branch of the Immunology, Allergy and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) is soliciting contract proposals from organizations having the capabilities and facilities for conducting a clinical trial in the prevention of kidney graft rejection. Offerors should have demonstrated experience in kidney transplantation and immunotherapeutic technologies as well as experience in the conduct of clinical trials. The ability to collect and analyze data relating to the efficacy of therapeutic regimens is also required.

RFP-NIAID-IAIDP-88-13 will be available on or about August 31, 1987. Responses are due by November 20, 1987. This NIAID-sponsored project will take approximately four years to complete. Two awards are anticipated. Any responsible organization may submit a proposal which will be considered by the Government. To receive a copy of this RFP, please supply this office with two self-addressed mailing labels.

Telephone inquiries will not be honored and all inquiries must be written and addressed to the office listed below.

Your request should be mailed to:

Ms. Rosemary L. McCabe
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

THE OPTIC NEURITIS TREATMENT TRIAL (ONTT): COOPERATING CLINICS

RFA AVAILABLE: 87-EY-01

P.T. 34; K.W. 0715100, 0755015, 0740025

National Eye Institute

Application Receipt Date: October 15, 1987

The National Eye Institute (NEI) invites applications for cooperative agreements to support individual clinics' participation in a multi-center clinical trial on the treatment of optic neuritis.

BACKGROUND INFORMATION

Optic neuritis is the most common acquired optic nerve disorder (excluding glaucoma) in the under 50 age group, especially individuals between the ages of 15 and 45. The annual incidence has been estimated at about three per

100,000 in high risk areas and one per 100,000 in lower risk areas. Even though from a clinical perspective this rate seems quite low, it still indicates that a substantial number of cases of optic neuritis occur each year. While the prognosis for visual recovery has generally been said to be good, significant visual disability may exist after resolution of the condition. Currently, there are no established guidelines to follow in deciding on a treatment for a patient with this condition. Thus, a treatment which would reduce the residual optic nerve damage produced by optic neuritis would be useful.

RESEARCH GOALS AND SCOPE

The goal of this initiative is to generate a multicenter, masked, randomized, controlled clinical trial designed to determine the value of corticosteroids in the treatment of optic neuritis. Specifically, the current trial has been developed to determine whether treatment with corticosteroids will decrease residual visual dysfunction following resolution of optic neuritis and whether it will speed recovery. A standard protocol will be followed in all clinics. Contrast sensitivity and perimetry will serve as the primary parameters for determination of ultimate outcome.

The complete design of the ONTT, background and rationale for the study, organization, patient eligibility and exclusion criteria, as well as all matters relating to the conduct of this study are detailed in the ONTT Manual of Procedures. A copy may be obtained by contacting the NEI program director (see below).

MECHANISM OF SUPPORT

Awards will be made as cooperative agreements. These awards reflect an assistance relationship in which substantial involvement with NEI staff during performance of the project is anticipated. Policies that govern research grant programs of the Public Health Service will prevail. The award of grants pursuant to this RFA is contingent upon receipt of grants of high scientific merit and the availability of appropriated funds. In fiscal year 1988, the NEI plans to fund approximately ten awards in response to this RFA.

METHOD OF APPLYING

All applications in response to this RFA must be submitted on Application Form PHS 398 (revised 9/86). Forms are available at most institutional business offices or offices of sponsored research. These forms may also be obtained from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building, Room 448
Bethesda, Maryland, 20892.

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

Additional information and instructions for completing the application should be obtained from the NEI program director (see below).

INQUIRIES

A copy of the complete RFA, which decribes the research goals and scope, terms and conditions, review procedures and criteria, and method of applying may be obtained by contacting the Strabismus, Amblyopia, and Visual Processing Program, NEI:

Dr. Constance W. Atwell
Chief, Strabismus, Amblyopia, and
Visual Processing Branch
Building 31, Room 6A51
National Eye Institute
Bethesda, Maryland 20892
Telephone: (301) 496-5301

DEVELOPMENT, TESTING, AND VALIDATION OF A PROTOCOL TO ASSESS CARDIOVASCULAR REACTIVITY IN HUMAN POPULATIONS

RFA AVAILABLE: 87-HL-24-P

P.T. 34; K.W. 0715040, 0715195, 0785055, 0411005

National Heart, Lung, and Blood Institute (NHLBI)

Application Receipt Date: November 23, 1987

The Behavioral Medicine Branch of the Division of Epidemiology and Clinical Applications, NHLBI, announces the availability of an RFA for the development of a protocol for assessing cardiovascular reactivity to stressors, suitable for use in prospective epidemiological and clinical investigations of reactivity and cardiovascular diseases.

Several issues must be addressed in devising a valid reactivity measurement protocol. These issues include procedures to measure baseline values, design of the appropriate challenge tests, the choice of physiological responses to be measured, and demonstration of appropriateness of the tests and protocol for various population subgroups.

In order to take fully into consideration the numerous variables which influence such tests, development of the cardiovascular reactivity protocol in two phases should be considered. Phase I would utilize a battery of potentially useful tests and measures, while Phase II would continue more extensive development and validation of only the most promising elements from Phase I. Since a variety of circumstances might dictate the time available for test administration, a short and long form of the protocol would be desireable. Finally, variants, or different forms of the same protocol may be desireable to accommodate experimental designs which require frequently repeated testing.

Because of the complexities inherent in the development and reliability testing of such a protocol, and in order to bring to bear the full breadth of existing experience available in the scientific community, the grantee will be urged to convene an advisory board to assist with periodic review of the project.

The award will be made as a Cooperative Agreement. Under this mechanism, a negotiated partner relationship exists between the recipient of the award and the NHLBI, in which the performer of the activity is responsive to the requirements and conditions set forth in the RFA, and agrees to accept the assistance, advice, and involvement of a designated NHLBI staff member in the execution of the project. This involvement will be primarily through full participation of this staff member in the advisory board referred to above, and through periodic review of progress and procedures used in the implementation of the reactivity protocol. Applicants must, however, define their objectives in accord with their own interests and perceptions of approaches to cardiovascular reactivity assessment. It is anticipated that one or two awards will be made under this program.

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

Dr. Peter G. Kaufmann
Behavioral Medicine Branch
National Heart, Lung, and Blood Institute
Federal Building, Room 216
Bethesda, Maryland 20892
Telephone: (301) 496-9380

NUTRITION COORDINATING CENTER TO PARTICIPATE IN AN ONGOING MULTICENTER CLINICAL STUDY OF MODIFICATION OF DIET IN RENAL DISEASE (MDRD)

RFA AVAILABLE: 87-DK-11

P.T. 34; K.W. 0710095, 0705075, 1010013

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: November 13, 1987

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites applications for a Nutrition Coordinating Center to participate in a multicenter clinical study entitled Modification of Diet in Renal Disease (MDRD) Study.

BACKGROUND INFORMATION

In 1983, the NIADDK (now NIDDK) issued Requests for Cooperative Agreement Applications inviting applications from Clinical Centers and a Data Coordinating Center to participate with the NIADDK in a multicenter collaborative clinical trial to study the effect of protein restriction on the progression of renal disease. Nine Clinical Centers and a Data Coordinating Center were selected on the basis of peer review and received awards to undertake the Planning (Phase I) and Feasibility Study (Phase II) of this multicenter clinical trial. A Nutrition Coordinating Center was funded as a subcontract to the Data Coordinating Center.

The MDRD Study is now at approximately the halfway mark of the Feasibility Study and is expected to proceed to Phase III in September 1988. The Nutrition Coordinating Center presently participating in the study is scheduled to be phased out on June 30, 1988. This solicitation is to invite applications from organizations with the requisite experience and resources to serve as the MDRD Nutrition Coordinating Center for Phases III and IV of the study.

RESEARCH GOALS AND SCOPE

The Nutrition Coordinating Center serving the MDRD Study will be responsible for overseeing the nutrition component of the study, including the development, evaluation and monitoring of clinical center nutritionists, compliance and counseling techniques and educational material; analysis of nutrient and compliance data; nutrient data base management; data collection and processing; internal and external quality control procedures; and documentation, handling and reporting of study data.

Access to a nutrient data base and adequate computer hardware capacity are fundamental requirements of a Nutrition Coordinating Center serving the study. The details of the MDRD Study, including study organization, the Phase II Protocol and other matters relating to the conduct of the study will be made available to respondents.

MECHANISM OF SUPPORT

The administrative and funding mechanism which will be used to support the MDRD Nutrition Coordinating Center for Phases III and IV of the study is the cooperative agreement.

Under the cooperative agreement, a negotiated partner relationship exists between the recipient of the award and the NIDDK in which the performer of the activity is responsive to the requirements and conditions set forth in the RFA and agrees to accept NIDDK staff advice and involvement in the execution of the project.

The specific terms, conditions, and arbitration procedures pertaining to the scope and nature of the interaction between the NIDDK and the Nutrition Coordinating Center are described in the RFA and will be incorporated in the Notice of Award.

Letter of Intent receipt date	October 2, 1987
Application receipt date	November 13, 1987
Scientific merit review	December 1987
NIDDK Advisory Council review	February 1988
Anticipated award date	March 1, 1988

INQUIRIES

Requests for the complete RFA and Phase II Protocol may be obtained from:

Anna M. Sandberg, Dr. P.H.
Clinical Trial Coordinator
Division of Kidney, Urologic and
Hematologic Diseases
National Institute of Diabetes and Digestive
and Kidney Diseases
National Institutes of Health
Westwood Building, Room 621
Bethesda, Maryland 20892
Telephone: (301) 496-7133

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in a delayed processing and review of your application.

NATIONAL RESEARCH SERVICE AWARD INSTITUTIONAL RESEARCH TRAINING GRANTS IN PRIMARY MEDICAL AND DENTAL CARE

P.T. 44; K.W. 0720005, 0730000, 0785035, 0785040

National Institutes of Health
Alcohol, Drug Abuse and Mental Health Administration

Receipt Date: November 12, 1987

AUTHORITY AND PURPOSE

Public Law 99-158 authorized research training grants under the National Research Service Award (NRSA) Act to be made to individuals affiliated with entities which have received grants or contracts under Section 780, 784 or 786 of the Public Health Service Act and are for research in primary medical care. By virtue of this authority, the National Institutes of Health (NIH) and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) are implementing an institutional NRSA postdoctoral research training program in primary care medicine to be administered by the National Institute of Child Health and Human Development (NICHD), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institute of Dental Research (NIDR) and the National Institute of Mental Health (NIMH).

LEVELS OF TRAINING

Applications will be accepted from institutions and entities, as defined above, for the support of individuals holding the M.D., D.O., D.D.S. or equivalent degrees who wish to engage in research training preparatory to entering academic careers in primary medicine or dentistry.

ELIGIBILITY REQUIREMENTS

Domestic nonprofit public or private schools of medicine, osteopathy and dentistry, specifically departments of family medicine, general internal medicine, general pediatrics, obstetrics and gynecology or the general practice of dentistry may apply for grants to support research training programs.

The applicant institution must have, or be able to develop, the staff and facilities required for the proposed program. The training program director at the institution will be responsible for the selection and appointment of trainees and for the overall direction of the program.

CHARACTERISTICS OF THE PROGRAM

A primary care physician has been defined as one who establishes a relationship with an individual or a family and provides continuing surveillance of their health care needs, comprehensive care for acute and chronic disorders, including mental and/or emotional disorders or problems with alcohol or drug abuse. The physician or dentist in the primary care setting could also provide access to the health care delivery system for those disorders requiring the services of other specialists. A recent definition of primary care states that it generally refers to the routine medical care and services people receive on first contact with the health care system for a particular health incident, i.e., prevention, maintenance, diagnosis, limited treatment, management of chronic problems, and referral.

Owing to the diverse nature of primary care responsibilities, it is anticipated that the proposed postdoctoral research training will reflect a broad interdisciplinary approach to research preparation. To assure the acquisition of skills in research design for primary care research, some portion of the training should be devoted to biostatistics and epidemiology. The exact content of the research training program is the responsibility of the applicant's program director and advisors and should be designed to take optimum advantage of the resources available at the institution. Providing didactic experience and education is encouraged. Individuals may matriculate for a master's degree where deemed congruent with the purposes of the research training.

GENERAL PROVISIONS

NRSAs may not be used to support studies leading to the M.D., D.O., D.D.S., D.V.M. or other similar professional degrees or to support residency. Trainees are required to pursue their research training on a full time basis devoting at least 40 hours per week to the research training as specified by the sponsoring institution in accordance with its own policies.

TRAINEE ELIGIBILITY REQUIREMENTS

The individual to be trained must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residency. Individuals on temporary or student visas are not eligible.

RECRUITMENT AND APPOINTMENT OF TRAINEES

The primary objective of the NRSA program is the preparation of qualified individuals for careers in biomedical and behavioral research. Within the framework of the program's long-standing commitment to excellence and projected needs for investigators in particular areas of research, it is important that emphasis be placed on recruiting individuals from minority groups that are now underrepresented nationally in the biomedical and behavioral sciences.

PAYBACK PROVISIONS

Before trainees can be appointed to a training grant, they must sign an agreement that they will fulfill the NRSA payback requirements. Recipients agree to engage in biomedical or health related behavioral research and/or teaching for a period equal to the period of NRSA support in excess of 12 months.

STIPENDS AND OTHER TRAINING COSTS

For postdoctoral trainees, the stipend for the first year of support is determined by the number of years of relevant experience beyond receipt of the doctoral degree. Current postdoctoral stipends are as follows:

Years of Relevant Experience	Annual Stipend
0	$15,996
1	17,004
2	21,996
3	23,004
4	24,000
5	26,004
6	27,996
7 or more	30,000

Tuition and fees, including medical insurance, are allowable trainee costs provided such charges are required of all persons in a similar training status at the institution without regard to their source of support. Tuition at the postdoctoral level is limited to that required for specific courses in support of the approved training program.

Trainee travel, including attendance at scientific meetings, which the institution determines to be necessary to the individual's training, is an allowable trainee cost.

Institutional allowances of up to $2,500 per year per postdoctoral trainee may be requested to help defray the cost of other training related expenses, such as staff salaries, consultant costs, equipment, research supplies, and staff travel. An indirect cost allowance based on 8 percent of total allowable direct costs or actual indirect costs, whichever is less, may also be requested.

PERIOD OF SUPPORT

Institutional grants may be made for five years and are renewable upon successful recompetition.

REVIEW PROCESS

Applications will be reviewed for technical and scientific merit by an NIH or ADAMHA Initial Review Group convened especially for this purpose and evaluated according to the following critical components: the proposed research training objectives and the program design to achieve them, the qualifications of the participating faculty, the previous training record, the ability to attract high caliber trainees, the availability of research support, the extent of the institutional commitment, and the available resources. Applications are also reviewed by the Council, Board or other advisory group to the NIH or ADAMHA Institutes that will support the research training. These advisory groups will consider, among other elements, the initial review group's comments on the plan to recruit individuals from underrepresented minority groups into the training program. Final selection will be made based on the initial review group and advisory groups' recommendations contingent upon the availability of funds. The applicant will receive a summary statement of the initial review group's recommendation promptly upon its completion and will be notified of the final action shortly after the Advisory Group meeting.

REVIEW SCHEDULE

AN EXPEDITED REVIEW PROCESS HAS BEEN ESTABLISHED FOR AWARDS TO BEGIN JULY 1, 1988.

Application Receipt Date	Initial Review Meeting	Council/Board Meeting	Earliest Start Date
Nov. 12	December	January	July 1

Applications received after Nov. 12, 1987 will not be considered for this review.

APPLICATION PROCEDURES

Applications should be made on grant application form PHS 398 (Rev. 9/86). This revision contains special instructions for institutional NRSAs. Forms are usually available at local educational institutions. If not available locally, send a request accompanied by a self-addressed mailing label to:

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

The RFA label available in the 9/86 revision of the Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time.

The completed original application and four (4) copies should be sent or delivered to:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892

Two (2) additional copies of all applications responding to the RFA should be sent to:

Dr. Anthony Demsey, Review Branch
National Institute of Diabetes and Digestive
and Kidney Diseases
Westwood Building, Room 406
Bethesda, Maryland 20892

ADDITIONAL INFORMATION

For more detailed information on the research policies and procedures governing NRSA institutional research training grants, the applicant is referred to the NIH Guide Volume 16, Number 20, June 12, 1987 and to the special edition of the NIH Guide for Grants and Contracts Vol. 13, Number 1, January 6, 1984.

For further information regarding this RFA, applicants interested in primary care medicine related to general pediatrics, obstetrics and gynecology should contact:

Ms. Hildegard Topper
National Institute of Child Health and
Human Development
National Institutes of Health
Building 31, Room 2A04
Bethesda, Maryland 20892
Telephone: (301) 496-1848

Those interested in primary care medicine as it relates to general internal medicine, should contact:

Dr. Lois Lipsett
National Institute of Diabetes and Digestive
and Kidney Diseases
National Institutes of Health
Westwood Building, Room 620
Bethesda, Maryland 20892
Telephone: (301) 496-7433

Those interested in primary care medicine as it relates to general dentistry, should contact:

Dr. Thomas Valega
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 510
Bethesda, Maryland 20892
Telephone: (301) 496-6324

Those interested in primary care medicine mainly as it relates to mental disorders and/or alcohol and drug abuse should contact:

Dr. Douglas Kamerow
National Institute of Mental Health
Primary Care Research Program
Parklawn Building, Room 18C-14
Rockville, Maryland 20857
Telephone: (301) 443-3364

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH GRANTS RELATED TO MOTOR NEURON DISEASES: AMYOTROPHIC LATERAL SCLEROSIS, ATAXIA, AND OTHER SYSTEM DEGENERATIONS

P.T. 34; K.W. 0705055, 0715140, 0715125, 0755020, 0785055, 1002019, 0710075

National Institute of Neurological and Communicative Disorders
and Stroke

The Division of Demyelinating, Atrophic, and Dementing Disorders (DDADD) of the National Institute of Neurological and Communicative Disorders and Stroke, a component of the National Institutes of Health, invites grant applications for support of basic and clinical research on amyotrophic lateral sclerosis, spinocerebellar atrophy, and other system degenerations. This is a reissuance of the Program Announcement previously published on May 16, 1980.

Amyotrophic lateral sclerosis, the most commmon of the motor neuron diseases, is characterized by degeneration of the corticospinal tracts and by atrophy and loss of motor neurons of the anterior horns of the spinal cord, brain stem, and precentral gyri. These changes are associated with weakness and atrophy of the affected skeletal muscles. Onset of the disease usually occurs between 40 and 65 years of age. Familial forms are known and some of these may be hereditary.

Ataxias are a heterogenous group of disorders characterized by awkwardness of movement and failure of muscular coordination of the body, extremities, eyes, and speech. Some of these are hereditary. Friedreich's ataxia, the most common form of spinocerebellar degeneration is inherited mainly as an autosomal recessive disorder. The disease usually appears before 20 years of age. The spinocerebellar and corticospinal tracts, posterior columns, and peripheral nerves are involved. Damage to the heart may occur and some patients suffer from diabetes mellitus. Although enzymatic changes have been reported, biochemical abnormalities have not been identified in most patients with ataxia.

"Linking forms" among various system degenerations have suggested a spectrum of possibly related disorders. Although genetic and sporadic forms are known, the etiology and pathogenesis of these diseases and effective treatments remain to be found.

RESEARCH GOALS AND SCOPE

There is a paucity of understanding about these disorders at all but clinical and pathological levels. Basic and clinical research proposals are solicited. Studies might address the normal and abnormal biology of motor and other neurons, central nervous system response to endogenous and environmental toxins, new and sensitive probes for detection of conventional and unconventional infectious agents, development of new animal models, identification of metabolic, endocrine, immunological abnormalities, changes in extraneural tissues, genetic linkage, tests for "populations at risk," early diagnosis, epidemiology, and new therapeutic modalities.

MECHANISMS OF SUPPORT

Applications may be submitted for program project grants (P01), individual research project grants (R01), and the First Independent Research Support and Transition (FIRST) Award (R29).

Program projects may include human research as well as experimental animal approaches, depending upon the local facilities and those of cooperating institutions. These should include technical and professional expertise, interest, physical resources, patients, and the ability to carry out the desired objectives. Applicants should develop a comprehensive research program, each phase of which is directed to a specific aspect of amyotrophic lateral sclerosis or other system degenerations. Potential applicants are encouraged to consult with the staff of DDADD early in the planning stage.

Individual applicants may propose any investigational aspect, basic or clinical, of amyotrophic lateral sclerosis or system degenerations.

Deadlines for receipt of P01, R01, and R29 applications are October 1, February 1, and June 1.

REVIEW PROCEDURES AND CRITERIA

Applications should be prepared on form PHS 398 (Rev. 9/86) following instructions contained in the application kit. Application kits are available at most institutional business offices or could be obtained from the Division of Research Grants, NIH. Program project applications should conform to the style and format recommended by this Institute; this information is available from the staff person listed below. Program project proposals will be reviewed initially and judged for scientific merit by one of the NINCDS program project review committees. Individual research projects receive a similar review by the appropriate study section of the Division of Research Grants. Both reviews will be conducted in accordance with NIH policy and procedures involving peer review. Applicants may request dollar amounts commensurate with the objectives to be accomplished for a period not to exceed five years. The support mechanism for this program will be the grant-in-aid. Awards will be made to the applicants based on scientific merit of proposal, availability of funds, responsiveness to this announcement, and relevance to the Program. The phrase "Research Grants Related to Motor Neuron Diseases: Amyotrophic Lateral Sclerosis, Ataxia, and Other System Degenerations" should be typed in block No. 2 on the first (face) page of the application.

Completed applications should be submitted according to the deadlines for the review schedule mentioned above (also supplied in the application kit) and mailed to the following address:

Division of Research Grants
National Institutes of Health
Room 240, Westwood Building
Bethesda, Maryland 20892**

INQUIRIES AND CORRESPONDENCE

One copy of the application should be sent to the address below. Applicants needing further information including format for program project applications may contact:

Dr. A. P. Kerza-Kwiatecki
Health Scientist Administrator
Division of Demyelinating, Atrophic,
and Dementing Disorders
Room 702, Federal Building
Bethesda, Maryland 20892
Telephone: (301) 496-1431

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816

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NOTICES

MECHANISMS TO SUPPORT U.S. CITIZENS IN INTERNATIONAL STUDY

P.T. 22, 48; K.W. 0710030

National Institutes of Health
Alcohol, Drug Abuse and Mental Health Administration

Scientific advances are being made in many international laboratories whose environments have much to offer U.S. investigators at all levels of development. Opportunities for Americans to study abroad have always been supported by the National Institutes of Health (NIH) and Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) in those universities and laboratories where a period of time spent in a well-defined research program would advance an individual's expertise in a new area of science or enlarge the capacity to be more productive through the acquisition of state-of-the-art techniques. Efforts to enhance international scientific exchange through research are viewed by the NIH and ADAMHA as a desirable way to intensify research productivity and further scientific creativity in the biomedical sciences contributing to better health.

The Fogarty International Center is the PHS focus for providing opportunities for study abroad. However, all of the Institutes of which the NIH and ADAMHA are composed make international research and research training available through judicious use of several ongoing mechanisms.

FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES. PROGRAMS FOR U.S. SCIENTISTS

Senior International Fellowships.
These fellowships offer opportunities to U.S. biomedical, behavioral, or health scientists to conduct research in a foreign institution. The program is for scientists who have established themselves in their chosen career in the United States and whose professional stature is well recognized by their peers and institutional officials. Fellowships are awarded for a period of 3 to 12 months and provide stipend, travel, foreign living allowance, and host institutional allowance.

Foreign-Supported Fellowships.
These fellowships are supported by specific foreign countries. They provide opportunities for scientists to conduct collaborative research in the country that provides funding. The purpose of this program is to enhance the exchange of research experience and information in the biomedical, behavioral, and health sciences. The maximum period of support for all programs is 1 year and the minimum period of support varies with each program. Participating countries are: FINLAND, FRANCE (CNRS AND INSERM), FEDERAL REPUBLIC OF GERMANY, IRELAND, ISRAEL, NORWAY, SWEDEN, SWITZERLAND, AND TAIWAN.

Special International Postdoctoral Research Program in Acquired Immunodeficiency Syndrome (AIDS).
The objectives of the special institutional research fellowship program are (1) to support collaborative research between U.S. and foreign scientists who wish to enhance their knowledge and skills in the epidemiology, diagnosis, prevention, and treatment of AIDS and (2) to stimulate scientists from nations affected by AIDS to cooperate and share research knowledge in combatting this global problem.

Awards will be made to U.S. institutions having comprehensive programs in AIDS research. The program director will have the authority to appoint U.S. and foreign scientists at all career levels to work in institutions abroad and in grantee institutions, respectively. Appointments will be for a minimum of 3 months to a maximum of 24 months. The award provides for stipend, travel, and host institutional allowance.

Health Scientist Exchanges.
This program supports short-term (2-12 weeks) and long-term (3-6 months) exchange visits between the U.S. and Bulgaria, Austria, Hungary, Poland, Romania, Yugoslavia, or the Soviet Union. The purpose of this program is to conduct collaborative biomedical research of mutual benefit to the U.S. and the participating country. Priority is given to visits designed to strengthen or expand ongoing collaborative relationships or to explore prospects for long-term cooperation. The financial provisions include round-trip travel and in-country costs.

Requests for additional information about the Health Scientist Exchanges should be sent to:

International Coordination and Liaison Branch
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20892

Requests for information about the other international fellowships should be sent to:

International Research and Awards Branch
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20892

OTHER NIH AND ADAMHA OPPORTUNITIES FOR FOREIGN STUDY

The following general mechanisms allow for a foreign research experience as a special situation with justification. In all cases, there should be a clear scientific reason for seeking an assignment abroad and the research and training assignment or request must describe the advantages of the facilities and/or research opportunities at the foreign site. Institute program staff should be consulted whenever special assignments are to be made to foreign laboratories or institutions. Institute prior approval and meeting of other conditions is necessary if a principal investigator plans an absence of more than three months.

NRSA Individual Fellowships.
Applications are routinely accepted by NIH or ADAMHA to support postdoctoral fellows who wish to receive their research training experience in a laboratory or institution abroad.

NRSA Senior Faculty Fellowships.
These are well suited to those experienced scientists supported by NIH who may, or may not, be on sabbatical leave and choose to broaden their scientific background, acquire new research capabilities or make major changes in the direction of their research careers, to learn new techniques or participate in the opportunities inherent in the research activity at a foreign institution and/or laboratory.

NRSA Institutional Training Grants.
Program directors of Institutional Training Grants from NIH or ADAMHA may, at their discretion, permit an individual to train in a foreign laboratory for a period of study to increase the trainee's expertise and skill in a desirable area of research, and/or to learn new methodologies and techniques.

Career Development Awards.
An awardee institution may assign a Career Development Awardee (NIH) or the Research Scientist Development Awardee (ADAMHA) to a foreign laboratory in order to enhance the individual's career development. The institution must justify to the awarding unit how the experience will benefit the awardee in enhancing the objectives for which the grant was made. The funds may be used to pay the appropriate portion of the investigator's salary and grant funds or institutional funds may be made available for travel (following the NIH and ADAMHA guidelines for foreign travel) and supplies to be used in conducting the work at the host laboratory. All funds are handled through the awardee institution in accordance with its policies and procedures.

The Research Project, the Program Project and Center Grant Mechanisms. When it is germane to the conduct of the research supported by the grant, the domestic awardee institution under an NIH or ADAMHA grant may permit the principal investigator, program director or a participating scientist to work in a laboratory outside the United States. The awardee institution may continue to pay the appropriate portion of the investigator's salary and may make funds available for travel (following the NIH and ADAMHA guidelines for foreign travel) and supplies to be used in conducting the work at the host laboratory. As always, the awardee institution is responsible for assuring that the research is carried out in a responsible and accountable fashion and the principal investigator is responsible for the scientific conduct of the research.

International Collaboration in Infectious Diseases Research. The Microbiology and Infectious Diseases Program of the National Institute of Allergy and Infectious Diseases has established a program in International Collaboration in Infectious Diseases Research. The program objective is a collaborative effort in biomedical research of recognized relevance to the health of people in tropical countries. Diseases of interest include malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy. Also of special programmatic interest are bacterial, parasitic and viral enteric infections. All of these disease areas are of mutual concern to the World Health Organization. While these diseases constitute major world health problems, it is not the intent of the program to exclude other diseases of equal importance. The grant will be awarded to a United States based institution which has developed a satisfactory affiliation with an established university, research institute, federal or state health department, or their equivalent in the foreign host country. It is projected that 70-80 percent of the research will be done in the host country.

Requests for additional information should be sent to:

Harley Sheffield, Ph.D.
Chief, Parasitology and Tropical Diseases Branch
Microbiology and Infectious Diseases Program
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 737
5333 Westbard Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-2544

Requests for additional information concerning other NIH and ADAMHA programs should be sent to:

Dr. Miriam Kelty
Associate Director for Extramural Affairs
National Institute on Aging
National Institutes of Health
Building 31, Room 5C05
Bethesda, Maryland 20892
Telephone: (301) 496-9322

Dr. John W. Diggs
Director, Extramural Activities Program
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 703
Bethesda, Maryland 20892
Telephone: (301) 496-7291

Dr. Steven Hausman
Deputy Director, Extramural Activities Program
National Institute of Arthritis and Musculoskeletal
and Skin Diseases
National Institutes of Health
Westwood Building, Room 403
Bethesda, Maryland 20892
Telephone: (301) 496-7495

Dr. Vincent Oliverio
Associate Director, Program Coordination
National Cancer Institute
National Institutes of Health
Building 31, Room 10A05
Bethesda, Maryland 20892
Telephone: (301) 496-9138

Ms. Hildegard Topper
Special Assistant to the Deputy Director
National Institute of Child Health and Human Development
National Institutes of Health
Building 31, Room 2A03
Bethesda, Maryland 20892
Telephone: (301) 496-1848

Dr. Marie Nylen
Director, Extramural Programs
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 503
Bethesda, Maryland 20892
Telephone: (301) 496-7723

Dr. Walter Stolz
Director, Division of Extramural Activities
National Institute of Diabetes and Digestive and
Kidney Diseases
National Institutes of Health
Westwood Building, Room 657
Bethesda, Maryland 20892
Telephone: (301) 496-7277

Dr. Anne Sassaman
Chief, Scientific Programs Branch
National Institute of Environmental Health Sciences
National Institutes of Health
P.O. Box 12233
Research Triangle Park, NC 27709
Telephone: (919) 541-7723

Dr. Jack McLaughlin
Acting Associate Director for Extramural and
Collaborative Programs
National Eye Institute
National Institutes of Health
Building 31, Room 6A51
Bethesda, Maryland 20892
Telephone: (301) 496-5983

Dr. Mark Guyer
Program Administrator
National Institute of General Medical Sciences
National Institutes of Health
Westwood Building, Room 920
Bethesda, Maryland 20892
Telephone: (301) 496-7137

Dr. Henry Roscoe
Deputy Director, Division of Extramural Affairs
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 7A17A
Bethesda, Maryland 20892
Telephone: (301) 496-7225

Mr. Edward Donohue
Acting Deputy Director for Extramural Activities
National Institute of Neurological and Communicative
Disorders and Stroke
National Institutes of Health
Federal Building, Room 1016
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Mr. Arthur Broering
Acting Associate Director for Extramural Programs
National Library of Medicine
National Institutes of Health
Building 38A, Room 5N503
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Deputy Director for Extramural Programs
National Center for Nursing Research
National Institutes of Health
Building 38A, Room B2E17
Bethesda, Maryland 20894
Telephone: (301) 496-0526

Dr. James O'Donnell
Deputy Director
Division of Research Resources
National Institutes of Health
Building 31, Room 5B03
Bethesda, Maryland 20892
Telephone: (301) 496-6023

Dr. Edward Kelly
Staff Director
International Health
National Institute of Mental Health
Parklawn Building, Room 17C26
Rockville, Maryland 20857
Telephone: (301) 443-1828

NOTICE OF MEETING - NATIONAL BIOMATERIAL RESOURCES

P.T. 42; K.W. 0780000, 0780020, 1014002

National Institutes of Health

Notice is hereby given that a group of expert consultants, augmented by NIH staff, will meet to conduct a review of the need for and appropriate management of the procurement and distribution of human tissues and organs for biomedical research purposes.

This review has been instituted by the National Biomaterial Resource Committee of the Office of the Director, NIH. The Committee is charged with coordinating the management and funding of national biomaterial resources, including human tissue procurement functions.

In order to better understand the current and potential usage of such resources, and to define the most efficient methods for obtaining and distributing human tissue for research purposes, a meeting of outside experts will be held in Bethesda, Maryland on November 9-10, 1987.

The meeting participants will be asked to address the following major questions concerning this concept:

What is the need for centralized human tissue procurement and distribution networks? Are the needs of the existing user community being adequately met by resources such as:

- existing general human tissue procurement and distribution networks (e.g., the National Disease Research Interchange);
- specialized tissue procurement organizations funded by NIH Institutes (e.g., the National Institute of Diabetes and Digestive and Kidney Diseases Liver Tissue Procurement and Distribution System, and the National Cancer Institute Cooperative Human Tissue Network); and
- private arrangements between investigators and nearby medical institutions?

Is there a potentially larger user community for human tissues, for instance:

- molecular biologists who cannot easily obtain such tissues due to lack of proximity to appropriate medical centers,
- researchers concerned with rare or orphan diseases for which it is difficult to obtain samples, and
- basic cell biologists and tissue culture researchers?

Is there a need for geographically distributed procurement centers?

To what extent should such resources be supported by user fees?

As part of these deliberations, the afternoon of November 9 will be devoted to a public hearing in which the review group will receive testimony from interested parties. On November 10, the review group will meet in closed executive session for deliberations. The meeting will be held at the National Institutes of Health, Building 31, Conference Room 6. Attendance and number of presentations will be limited to time and space available.

All individuals wishing to attend or to present statements at this public hearing should notify, in writing, by September 15:

Ms. Barbara Harrison
National Institutes of Health
Shannon Building, Room 228
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-1454

Those planning to present testimony must file a one-page summary of the presentation with Ms. Harrison by September 22. The proceedings will not be transcribed. Each speaker will be limited to a maximum of 10 minutes. Those wishing to provide a statement to the review group without public testimony may submit a one-page statement for inclusion in the proceedings by September 22.

NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 1014002, 1014003, 0201011

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: September 14-15, 1987

Location: Minneapolis, Minnesota

Contact:

Cynthia S. Gillett, DVM
Research Animal Resources
Division of Comparative Medicine
Box 351 UMHC
University of Minnesota
Minneapolis, Minnesota 55455
Telephone: (612)624-4625

Date: October 5-6, 1987

Location: Palo Alto, California

Contact:

Ms. Yolanda Ayala
Stanford University
Lab Animal Medicine
Quad 7, Building 330
Stanford, California 94305
Telephone: (415)723-3876

Date: January 28-29, 1988

Location: Albuquerque, New Mexico

Contact:

Ms. Rynda Gibbs
University of New Mexico School of Medicine
Continuing Medical Education
815 Vassar N.E.
Albuquerque, New Mexico 87131
Telephone: (505)277-3942

Other workshops are being planned and will be announced in future issues of the NIH Guide for Grants and Contracts.

For additional information contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office of Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

BREEDING AND EXPERIMENTAL FACILITY FOR WOODCHUCKS (MARMOTA MONAX)

RFP AVAILABLE: NIAID-MIDP-88-14

P.T. 34; K.W. 1002002, 0740075, 0740020, 1002045

National Institute of Allergy and Infectious Diseases

The Development and Applications Branch, National Institute of Allergy and Infectious Diseases, has a requirement for the continued development and use of the woodchuck as a model for viral-induced hepatitis and subsequent sequelae such as chronic hepatitis and hepatoma. There is a requirement for colony-born animals for planned experiments. The contractor will be responsible for the development and maintenance of a colony of breeding MARMOTA MONAX capable of yielding 60 weaned pups per year; for the performance of experimental protocols on woodchucks with viral agents, vaccines and therapeutic agents; and for the maintenance of experimental animals.

One contract may be awarded as a result of this solicitation. It is expected that the contract will have a five-year period of performance. Any responsible offeror may submit a proposal which will be considered by the Government.

RFP-NIH-NIAID-MIDP-88-14 will be issued on August 24, 1987. Proposals will be due by close of business October 26, 1987.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office below.

Ms. Joyce Sagami
National Institute of Allergy
and Infectious Diseases
National Institutes of Health
5333 Westbard Avenue
Westwood Building, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

TOXICITY AND CARCINOGENICITY STUDIES IN LABORATORY ANIMALS

RFP AVAILABLE: Master Agreement Announcement NIEHS-87-17

P.T. 34; K.W. 1007009, 0715035, 0710040, 0785070

National Institute of Environmental Health Sciences

The National Toxicology Program, National Institute of Environmental Health Sciences, is soliciting sources capable of performing toxicologic and carcinogenicity studies in rodents via (1) dosed feed, gavage, dermal (skin paint) and dosed water routes of administration, and/or (2) inhalation route of administration. Offerors must be capable inhouse or by subcontract of performing hematology, urinalysis, clinical chemistry and reproductive toxicology studies. Offerors must also be capable of performing all prechronic studies and/or chronic studies.

This is the Master Agreement Announcement which seeks to enlarge the pool of current Master Agreement holders for this program. The initial award is nonmonetary and is exclusively for the purpose of establishing eligibility to compete for future specific chemical studies (Master Agreement Orders). Current Master Agreement holders may seek to become eligible for alternate routes of administration if not currently determined eligible for all routes. They may also submit proposals for eligibility of additional facilities.

The estimated issuance date of RFP No. NIH-ES-87-17 is August 31, 1987 and responses will be due sixty (60) calendar days thereafter.

Requests shall be forwarded to the attention of:

Ms. Vicki Grigston
Contract Management Office, OAM
National Institute of Environmental Health Sciences
P.O. Box 12874
Research Triangle Park, NC 27709

Requests must reference NIH-ES-87-17 and must be directed to the office listed above.

COOPERATIVE AGREEMENTS FOR NATIONAL COOPERATIVE DRUG DISCOVERY GROUPS FOR SPECIFIC DISEASE-ORIENTED ANTICANCER TREATMENT

RFA AVAILABLE: 87-CA-24

P.T. 34; K.W. 0715035, 0755025, 0740020, 0755020, 0710030, 0785140

National Cancer Institute

Letter of Intent Receipt Date: October 16, 1987

Application Receipt Date: December 10, 1987

In 1983 and 1984 NCI requested applications for National Cooperative Drug Discovery Groups (Vol. 12, No. 7, July 15, 1983, and Vol. 13, No. 9, August 3, 1984). In 1986 the program was expanded to solicit applications on lung and colon cancer (Vol. 15, No. 20, October 3, 1986). This RFA represents a further expansion of the program to discover more effective drugs and treatment strategies for any specific cancer site.

SUMMARY

The National Cancer Institute (NCI) announces the availability of an RFA for the funding of National Cooperative Drug Discovery Groups (NCDDGs) which are focused on the discovery of new anticancer treatments based on the exploitation of characteristics of a specific cancer type. The cancer type to be addressed is at the discretion of the applicant. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit, regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to improved treatments. Each NCDDG is envisioned as being composed of a Principal Investigator and a number of Program Leaders who will conduct interdependent and synergistic preclinical laboratory programs to conceptualize, create and evaluate new therapies in accordance with the applicant's scientific goals. An NCDDG may be made up of scientists in academic, non-profit research, and commercial organizations. Scientific approaches to the development of new treatments are broad and limited only by the creativity and ability of the applying Group.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new treatments. The role of NCI as a member of the Group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of Group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The Principal Investigator's (PI's) institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the Group as a whole and not to individual Laboratory Programs within the Group. The PI's institution will provide a Central Operations Office for the Group and will be responsible for the performance of the entire Group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2,000,000 for the initial year's funding. Special programmatic consideration may be given to applications on lung and colon cancer. It should also be noted that this RFA serves as a companion to two complementary RFAs with the same date of issuance. These include "National Cooperative Drug Discovery Groups for General Mechanism of Action Based Anticancer Treatment" (87-CA-25) and "National Cooperative Anticancer Model Development Groups" (87-CA-26). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The RFA label available in the 9/86 revision of application Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

George S. Johnson, Ph.D.
Developmental Therapeutics Program
Division of Cancer Treatment
National Cancer Institute
Landow Building, Room 5C08
Bethesda, MD 20892
Telephone: (301) 496-8783

DISCOVERY GROUPS FOR GENERAL MECHANISM OF ACTION BASED ANTICANCER TREATMENT

RFA AVAILABLE: 87-CA-25

P.T. 34; K.W. 0715035, 0755025, 0740020, 0755020, 0710030, 0785140

National Cancer Institute

Letter of Intent Receipt Date: October 16, 1987

Application Receipt Date: December 10, 1987

In 1983 and 1984 NCI requested applications for National Cooperative Drug Discovery Groups (Vol. 12, No. 7, July 15, 1983, and Vol. 13, No. 9, August 3, 1984). In 1986 the program was expanded to solicit applications on lung and colon cancer (Vol. 15, No. 20, October 3, 1986). This RFA represents a further expansion of the program to discover more effective drugs and treatment strategies by the exploitation of general mechanistic differences between normal and cancer cells without specifying a particular type of cancer.

SUMMARY

The National Cancer Institute (NCI) announces the availability of an RFA for the funding of National Cooperative Drug Discovery Groups (NCDDG) which are focused on the discovery of new anticancer treatments based on the exploitation of general mechanistic differences between normal and cancer cells without regard to a specific type of cancer. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit, regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to improved treatments. Each NCDDG is envisioned as being composed of a Principal Investigator and a number of Program Leaders who will conduct interdependent and synergistic preclinical laboratory programs to conceptualize, create and evaluate new therapies in accordance with the applicant's scientific goals. An NCDDG may be made up of scientists in academic, nonprofit research, and commercial organizations. Scientific approaches to the development of new treatments are broad and limited only by the creativity and ability of the applying Group.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new treatments. The role of NCI as a member of the Group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of Group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The Principal Investigator's (PI's) institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the Group as a whole and not to individual Laboratory Programs within the Group. The PI's institution will provide a Central Operations Office for the Group and will be responsible for the performance of the entire Group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2,000,000 for the initial year's funding. It should also be noted that this RFA serves as a companion to two complementary RFAs with the same date of issuance. These include "National Cooperative Drug Discovery Groups for Specific Disease-Oriented Anticancer Treatment" (87-CA-24) and "National Cooperative Anticancer Model Development Groups" (87-CA-26). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The RFA label available in the 9/86 revision of application Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

George S. Johnson, Ph.D.
Developmental Therapeutics Program
Division of Cancer Treatment
National Cancer Institute
Landow Building, Room 5C08
Bethesda, MD 20892
Telephone: (301) 496-8783

COOPERATIVE AGREEMENTS FOR NATIONAL COOPERATIVE ANTICANCER DEVELOPMENT GROUPS

RFA AVAILABLE: 87-CA-26

P.T. 34; K.W. 0715035, 0755025, 0740020, 0755020, 0710030, 0785140

National Cancer Institute

Letter of Intent Receipt Date: October 16, 1987

Application Receipt Date: December 10, 1987

In 1983 and 1984 NCI requested applications for National Cooperative Drug Discovery Groups (Vol. 12, No. 7, July 15, 1983, and Vol. 13, No. 9, August 3, 1984). In 1986 the program was expanded to solicit applications on lung and colon cancer (Vol. 15, No. 20, October 3, 1986). This RFA represents an extension of the program to stimulate the discovery of new models which will more accurately predict the clinical efficacy of new anticancer drugs and treatment strategies.

SUMMARY

The National Cancer Institute (NCI) announces the availability of an RFA for the funding of National Cooperative Anticancer Model Development Groups (NCAMDGs) to stimulate the scientific community to conceive, create, and evaluate new models which may lead to the discovery of new treatments for the cure of cancer. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit, regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to the development of models which more accurately predict clinical efficacy of a potential drug or treatment strategy. An NCAMDG may be composed of a single Laboratory Program. Alternatively and perhaps more desirably, an NCAMDG is envisioned as being composed of a Principal Investigator and a number of Program Leaders who will conduct interdependent and synergistic preclinical laboratory programs to create new models. Areas of research will be broad and could include a variety of in vitro and in vivo models, such as biochemical, metastatic, immunological, radiomodulator, differentiation, gene transfer, oncogene probe, etc. An NCAMDG may be made up of scientists in academic, non-profit research, and commercial organizations.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new models. The role of NCI as a member of the Group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of Group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The Principal Investigator's (PI's) institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the Group as a whole a and not to individual Laboratory Programs within the Group. The PI's institution will provide a Central Operations Office for the Group and will be responsible for the performance of the entire Group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2,000,000 for the initial year's funding. It should also be noted that this RFA serves as a companion to two complementary RFAs with the same date of issuance. These include "National Cooperative Drug Discovery Groups for Specific Disease-Oriented Anticancer Treatment" (87-CA-24) and "National Cooperative Drug Discovery Groups for General Mechanism of Action Based Anticancer Treatment" (87-CA-25). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The RFA label available in the 9/86 revision of application Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

Mary K. Wolpert, Ph.D.
Developmental Therapeutics Program
Division of Cancer Treatment
National Cancer Institute
Landow Building, Room 5C08
Bethesda, MD 20892
Telephone: (301) 496-8783

CANCER NURSING INTERVENTIONS TO PROMOTE PATIENT SELF-CARE

RFA AVAILABLE: 87-CA-35

P.T. 34; K.W. 0785130, 0715035, 0730065

National Cancer Institute

Application Receipt Date: December 10, 1987

The National Cancer Institute (NCI) invites applications for research projects to: (1) assess the efficacy of cancer nursing interventions to promote patient self-care activities associated with cancer chemotherapy or radiotherapy and; (2) to discover characteristics of patients who do and do not participate in self-care activities. During the last several years, there has been a substantial increase in outpatient treatment with a concurrent demand that patients care for themselves or determine the need for professional assistance. Both hospital and outpatient staff have attempted to prepare patients for these responsibilities. Yet, there remains a need for systematic evaluation of nursing interventions. This information is critical for NCI cancer control efforts aimed at developing effective models for delivery of patient care.

OBJECTIVES AND SCOPE

The purpose of this RFA is to provide support for cancer nursing research which develops and evaluates nursing interventions aimed at facilitating self-care capabilities of patients who are receiving cancer therapy. Self-care consists of activities done by patients to maintain or improve current health.

The research projects to be conducted under this initiative will select nursing intervention approaches, such as structured patient teaching groups, and specific self-care practices, such as oral care regimens. The researchers will assess the actual use of the selected self-care practices and the associated outcomes, such as oral infections.

The focus of this initiative is patients who are receiving chemotherapy or radiation therapy and have a high likelihood of problems for which the self-care content can be focused. Patients should share a common entry point. Patient groups should be selected because of commonalities in therapy and/or tumor type. It is recommended that patient groups be as homogeneous as possible.

Evaluation will include the effectiveness of the nursing approach in achieving patient performance of the selected self-care activities and an analysis of factors which influence patient participation. Special emphasis is placed on the outcomes of self-care, especially the morbidity associated with treatment. This systematic research is needed to guide nursing practice in effective interventions to enhance cancer patient self-care. Synthesis of the results of investigations supported under this RFA will lead to cancer nursing care models that will promote optimum self-care during and after cancer treatment.

MECHANISM OF SUPPORT AND APPLICATION PROCEDURES

NCI plans to fund up to five awards under this RFA. Dependent upon the continued availability of funds, up to a three-year period of support is provided for, with total costs for the first year totaling $600,000. To expedite the review of the application, and to assure its identification with this RFA, the RFA label available in the 9/86 revision of application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of an application such that it may not reach the review committee in time for review.

INQUIRIES

For further information and a complete copy of the RFA, investigators are encouraged to contact:

Anne R. Bavier, R.N., M.N.
Program Director, Nursing Research
Community Oncology and Rehabilitation Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 7A-05
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8708

ANATOMIC AND FUNCTIONAL DIAGNOSIS OF NEOPLASM EMPLOYING SINGLE OR MULTIMODALITY IMAGING AND IMAGING RELATED TECHNOLOGY

RFA AVAILABLE: 87-CA-36

P.T. 34; K.W. 0706030, 1013034, 0760045

National Cancer Institute

Application Receipt Date: December 1, 1987

The Radiation Research Program (RRP), Division of Cancer Treatment (DCT), of the National Cancer Institute (NCI), announces the availability of a Request for Applications (RFA) on the above program. The focus or objective of this RFA is to relate functional information to specific anatomic sites by imaging and imaging related methods. This research will entertain various schemes of approach using a single modality or combinations to achieve this objective.

Recent advances in imaging and imaging related technology such as: magnetic resonance imaging and spectroscopy, positron emission tomography, single photon emission computed tomography, and radiolabeled monoclonal antibodies have made possible not only more precise anatomic/pathologic diagnosis but are providing functional information as well. These advances potentially extend the capability of the imaging method from its customary role of anatomic diagnosis with inferred function to the potential of directly observing physiologic and pathophysiologic phenomena. Magnetic resonance imaging, for example, can be used to define a region of interest, and the spectroscopic data of this same area can be determined and related to the anatomy by the use of spectroscopic-localization techniques. Furthermore, information derived from the whole tumor/lesion or specific parts of the tumor/lesion, makes monitoring of response of the tumor to treatment possible. If the entire tumor can be evaluated accurately, in terms of response to treatment, it is clear that more precise treatment planning becomes possible.

It is anticipated that approximately eight or possibly ten scientifically meritorious applications can be funded.

The label available with the 9/86 revision of application 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

Request for copies of the complete RFA should be addressed to:

Dr. Matti Al-Aish, Deputy Chief
Diagnostic Imaging Research Branch
Radiation Research Program
National Cancer Institute
National Institutes of Health
Landow Building/Room 8C09
Bethesda, MD 20892
Telephone: (301) 496-9531

THE RELATIONSHIP BETWEEN SEXUALLY TRANSMITTED DISEASES, INCLUDING ACQUIRED IMMUNE DEFICIENCY SYNDROME, AND FERTILITY-RELATED BEHAVIOR

RFA AVAILABLE: 87-HD-10

P.T. 34; K.W. 0715220, 0715120, 0413002, 0404000, 0730010

National Institute of Child Health and Human Development

Application Receipt Date: December 11, 1987

BACKGROUND INFORMATION

The Demographic and Behavioral Sciences Branch (DBSB), Center for Population Research (CPR), National Institute of Child Health and Human Development (NICHD), supports research on the antecedents and consequences of fertility and fertility regulation. This RFA invites scientists to submit grant applications for the support of research on the relationship between some or all sexually transmitted diseases (STDs), including Acquired Immune Deficiency Syndrome (AIDS), and fertility-related behavior. Throughout this RFA, references to STDs should be understood to include, but not be limited to, AIDS.

Public health reports reflect an increase in reported sexually transmitted diseases (STDs) and an apparent increase in nonreportable diseases such as genital herpes simplex, chlamydial infections, and pelvic inflammatory disease. Certainly, the number of AIDS cases continues to increase (from 110 reported cases in September of 1981 to over 38,000 cases in July of 1987). It is estimated by the Public Health Service that the number of AIDS cases will reach a total of 270,000 by 1991. The number of carriers of the AIDS antibody, who are considered capable of transmitting the virus, is already estimated at 1,500,000. Considering the fact that there is no known cure for those with AIDS at this time, it is urgent that the research community focus on understanding behavior that influences transmission of AIDS and other STDs.

Patterns of sexual behavior, childbearing activity, and contraceptive practices are known to influence the likelihood of contracting STDs, and there are some indications that fear of STDs, especially genital herpes simplex and AIDS, is influencing sexual, childbearing, and contraceptive behavior. In the absence of any systematic research program aimed at studying fertility-related behavior and its relationship to STDs, and considering the serious consequences of STDs (ranging from mild discomfort through infertility to death), it is clear that such research is urgently needed at this time.

RESEARCH GOALS AND SCOPE

Research proposals are needed to study the relationships between STDs (including exposure to STDs, having STDs diagnosed for oneself, having STDs diagnosed for a sexual partner, awareness of being at risk for STDs, and fear of STDs) and contraceptive use (or non-use), contraceptive choice, number of sexual partners, frequency of intercourse, sexual practices, formation and dissolution of sexual unions, timing and spacing of births, and plans for family size.

Since the birth of an infant to a woman with an STD (especially AIDS) is a high-risk situation for mother and child alike, research could address fertility decisions and behavior of such patients (especially persons with AIDS, both male and female).

Other variables that might affect fertility-related behavior should be addressed to the extent feasible. For instance, such factors as age, sex, ethnic group, religiosity, marital status, parity, sexual preference (heterosexual, bisexual or homosexual), occupation, geographic location, education, and primary family ties might be considered as well as preferences for particular types of sexual experience, propensity for risk-taking, drug and alcohol use, contraceptive use (or non-use), sexual practices, exposure to written and visual media, and general health.

Investigators are encouraged to propose research on various combinations of research issues discussed above or on other issues not stated above but which relate clearly to the focus of this RFA. It is not necessary to propose research on every aspect of the relationship between STDs and fertility-related behavior. For instance, a proposal would be considered reasonable in scope which included appropriate controls and intervening variables in a study of the effects of fear of exposure to AIDS on abstinence, or on changes in frequency and type of contraceptive used, or on changes in frequency and number of sexual partners, or on correct use of particular contraceptives such as the condom. Another example of a project reasonable in scope would be a study of the effect of having genital herpes simplex on contraceptive use, changes in plans for pregnancy and plans for family size. Still another might consider the effects of exposure to AIDS on choice of contraceptive method and type of sexual intercourse for sexual partners. Some investigators might wish to investigate the factors that are critical in leading to changes in type of sexual behavior and contraceptive used, including influences of various sources of information on STDs such as family, church, school courses, newspapers, magazines, and television. (Studies of the latter type would have to focus mainly on changes in fertility-related behavior, and not on evaluation of the media, however). It would be useful to study degree of awareness of chlamydia, genital herpes simplex, genital warts, and AIDS; awareness of the testing needed to find such diseases; awareness of the seriousness of the consequences of various types of sexual behavior for contracting or spreading such STDs; awareness of the risk of contracting or spreading such STDs; and whether or not contraceptive practices and sexual practices are changed as a result of the above awareness to avoid contracting or spreading disease. A study of factors which affect degrees of compliance to healthful practices would be of interest.

It should be noted that this RFA has the goal of understanding behavior, not of generating population estimates of the prevalence of various types of behavior. Applicants should be aware that this office has issued a Request for Proposals (RFP NICHD-DBS-87-13) to study the best means for conducting a large-scale survey of sexual behavior in the United States. Also, while most applications would be expected to deal with citizens of the United States, appropriate comparative studies would be considered relevant to this RFA as well.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant. Policies that govern research grant programs of the National Institutes of Health will prevail.

It is anticipated that up to five projects will be funded contingent on the overall merit of the proposed research and the availability of funds.

APPLICATION AND REVIEW PROCEDURE

Applications submitted in response to this RFA will be reviewed for scientific merit by an initial review group which will be convened by the Scientific Review Program of the National Institute of Child Health and Human Development to review only these applications.

The factors to be used in evaluating the scientific merit of each application will include originality of the proposed research and originality of approach; quality of theoretical-conceptual framework; adequacy of research design; appropriateness of data analysis techniques; suitability of facilities; training, experience, and research competence of investigators; and soundness of proposed budget. An additional criterion will be the responsiveness of the proposed project to this RFA.

To receive copies of the full RFA and to receive further information, contact:

Gloria Kamenske, Ph.D.
Demographic and Behavioral Sciences Branch
Center for Population Research, NICHD
Room 7C25, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-1174

The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

DIABETES CENTERS

RFA AVAILABLE: 87-DK-10 (Extension of Due Date)

P.T. 04; K.W. 0715075, 0785050, 0710030

National Institutes of Diabetes and Digestive and Kidney Diseases

Revised Application Receipt Date: November 20, 1987

An RFA for Diabetes Centers appeared in the NIH Guide for Grants and Contracts, Vol. 16, No. 22, June 26, 1987, with an originally announced due date of October 13, 1987.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announces the extension of the application due date for a Center grant to be awarded in Fiscal Year 1988. The application due date for the competitive award of one Diabetes Endocrinology Research Center (DERC) in Fiscal Year 1988 has been extended to November 20, 1987. The RFA (general description and Guidelines for the DERC) and consultation may be obtained from:

Dr. Sanford Garfield
Diabetes Centers Program Director
Division of Diabetes, Endocrinology, and
Metabolic Diseases
National Institute of Diabetes and
Digestive and Kidney Diseases
Bethesda, Maryland 20892
Telephone: (301) 496-7418

PREVENTIVE PULMONARY ACADEMIC AWARD

P.T. 34; K.W. 0715165, 0745055, 0785035, 0710030

National Heart, Lung, and Blood Institute

Application receipt date: November 16, 1987

The Division of Lung Diseases (DLD), National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), announces the second competition for the Preventive Pulmonary Academic Award. The dual objectives of this award are to encourage: (1) the development and/or improvement of the teaching of prevention of respiratory diseases in both undergraduate and graduate medical training; and (2) research in methods for the prevention of lung diseases. It is anticipated that approximately four awards will be made.

ELIGIBILITY: A candidate for this award must be a physician, with both clinical and academic skills, who is an established faculty member in an accredited academic medical institution. The candidate must commit a minimum of 50 percent effort to the program. An institution sponsoring a candidate for the award must show commitment to developing and improving the teaching of prevention of lung diseases, identifying educational resources, allowing time for the awardee to acquire educational skills, and providing facilities for research.

PROVISIONS OF THE AWARD: This award will provide up to $40,000 salary support for the awardee, plus appropriate fringe benefits and up to $20,000 a year for related research support. In addition, each awardee may apply for up to $10,000 for technical assistance. The use of these funds will be coordinated among all awardees and must be approved by the Division of Lung Diseases, NHLBI. Funds will be provided for the reimbursement of actual indirect costs at a rate up to, but not exceeding, eight percent of the total direct costs of each award, exclusive of tuition, fees, and expenditures for equipment specifically related to this award.

CURRICULA DEVELOPMENT AND RESEARCH PLANS: Curricula topics which might be addressed include identification of an interventions with populations at risk for respiratory disease, identification of genetically and occupationally linked respiratory diseases, prevention of respiratory infections, methods for encouraging smoking cessation, and respiratory disturbances during sleep. Research topics might include methods of intervening with populations at risk, methods for teaching prevention, smoking cessation, self-management of chronic lung diseases, and cost effectiveness of preventive measures. Multidisciplinary approaches are encouraged.

Letter of intent: Prospective applicants are asked to submit a one-page letter of intent. Such letters are requested for the purpose of obtaining an indication of the number of applications to be received, and therefore the NHLBI usually does not acknowledge their receipt. A letter of intent is not binding, nor is it a necessary requirement for application. This letter should be received no later than September 15, 1987, and sent to:

Fred P. Heydrick, Ph.D.
Contracts, Clinical Trials, and Training Review Section
Review Branch
Division of Extramural Affairs, NHLBI
Westwood Building, Room 548
Bethesda, Maryland 20892

Timetable:

Letter of Intent:	September 15, 1987
Application Receipt Date:	November 16, 1987
Technical Review (which may include interviews conducted by the Division of Extramural Affairs in Bethesda, MD with applicants)	February 1988
Advisory Council Review:	May 19-20, 1988
Award Date:	July 1988

Requests for Guidelines for the Preventive Pulmonary Academic Award (revised 8/87) should be directed to:

Joan M. Wolle, Ph.D., M.P.H.
Health Scientist Administrator
Prevention, Education, and Research Training Branch
Division of Lung Diseases, NHLBI
Westwood Building, Room 640
Bethesda, Maryland 20892
Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance, number 13.838. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to intergovernmental review requirements of Executive Order 12373, or to Health Systems Agency Review.

ONGOING PROGRAM ANNOUNCEMENTS

FIRST INDEPENDENT RESEARCH SUPPORT AND TRANSITION (FIRST) AWARD: REVISED ANNOUNCEMENT

P.T. 34; K.W. 1014002, 0710030

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) announces the continuing availability of the First Independent Research Support and Transition (FIRST) Award (R29). Based on earlier review experiences, the announcement has been revised to further define and clarify objectives and features of the award. Provisions of the revised announce-ment will be effective for ADAMHA FIRST applications submitted on and following the October 1, 1987 receipt deadline.

The purpose of the FIRST award is to provide a sufficient initial period of research support for highly promising newly independent behavioral, psychosocial, and biomedical investigators to develop the merit of their research ideas in the alcohol, drug abuse, and mental health fields. To be eligible for a FIRST award, the proposed principal investigator must be independent of a mentor yet at the same time must be at the beginning stages of his or her research career; e.g., no more than 5 years research experience since completing postdoctoral research training or its equivalent.

FIRST awards will provide funds for up to 5 years and are not renewable. The total direct cost of the 5-year period may not exceed $350,000. For projects of less than 5 years, the budget for the entire project period must be prorated in line with the number of years requested.

An individual may not simultaneously submit or have pending another PHS research grant application for the same research.

ADDITIONAL INFORMATION

Prospective applications are encouraged to contact the program staff listed below to obtain copies of the revised announcement and to determine priorities within various program areas:

National Institute on Alcohol Abuse and Alcoholism

Helen Chao, Ph.D.
Chief, Biomedical Research Branch
Division of Extramural Research
Room 14C-17
Telephone: (301) 443-4223

National Institute on Drug Abuse

Beatrice Rouse, Ph.D.
Research Sociologist
Division of Epidemiology and Statistical Analysis
Room 11A-55
Telephone: (301) 443-2974

John Boren, Ph.D.
Research Psychologist
Division of Clinical Research
Room 10A-16
301/443-1263

Charles Sharp, Ph.D.
Biochemist
Division of Preclinical Research
Room 10A-31
Telephone: (301) 443-6300

National Institute of Mental Health

Thomas Lalley, M.A.
Chief, Biometric and Clinical Applications Branch
Division of Biometry and Applied Sciences, NIMH
Room 18C-14
Telehpone: (301) 443-3364

Leonard Lash, Ph.D.
Associate Director, Research Training and
Research Resources
Division of Clinical Research
Room 10-95
Telehphone: (301) 443-3264

Stanley Schneider, Ph.D.
Associate Director, Research Training and
Resource Development
Division of Basic Sciences, NIMH
Room 11-95
Telephone: (301) 443-4347

The mailing address for all of the above is 5600 Fishers Lane, Rockville, MD 20857.

MOLECULAR BIOLOGY OF THE SKIN

P.T. 34; K.W. 1002008, 0715185, 0715015, 1002019

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The Skin Diseases Program supports research on the structure, function, disorders and diseases of the skin. This Program Announcement is to encourage submission of scientifically meritorious grant applications in the specific area of the molecular biology of the skin, including its normal structure, function, diseases and disorders, both genetic and acquired.

Abnormalities of structural elements in the skin or of the enzymes controlling skin structure and function have been identified in a number of hereditary skin diseases, including forms of epidermolysis bullosa and ichthyosis. The molecular targets for a number of acquired autoimmune skin diseases have recently been identified, including the pemphigus group of diseases and acquired epidermolysis bullosa.

Current molecular biologic and molecular genetic techniques promise to allow identification of the normal genes and gene products as well as abnormalities which may underlie certain skin diseases, resulting in a greater understanding of normal skin and the pathogenesis of disease. The knowledge gained should allow the application of better diagnostic and therapeutic techniques to patients with cutaneous disease.

This announcement encourages research applications focused on normal skin genes; the mechanisms of their regulation and expression; the altered genes and proteins associated with skin diseases and disorders; and other aspects of the molecular biology of skin structure and function, including the nature of the targets in autoimmune skin diseases.

ELIGIBILITY

Non-profit organizations and institutions, governments and their agencies, for-profit organizations, and individuals are eligible to apply.

DEADLINE

Applications will be accepted in accordance with the announced receipt dates for new applications, listed in application kits numbered PHS 398.

REVIEW PROCEDURES AND CRITERIA

Applications should be submitted on Form PHS-398 (Rev. 9/86) which is available in the institution's collaborative research or business office. Additional application kits may be obtained from the Office of Grants Inquiries, Division of Research Grants (DRG), NIH. The phrase "Prepared in Response to Research Grants Announcement on Molecular Biology of the Skin" should be typed on line 2 of the first page of the application. The original and six copies of the application should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892

Applications in response to this solicitation will be reviewed on a nationwide basis in competition with other research grant applications, and in accord with the usual NIH peer review procedures. Applications will first be reviewed for technical merit by initial review groups and then by the National Advisory Council. The review criteria customarily employed by the NIH for regular research grant applications will prevail.

Applications from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter or agreement from the Program Director of the GCRC should be included with the application material.

All PHS and NIH grant policies governing regular research project grants apply to applications received in response to this program announcement.

For further information contact:

Dr. Alan N. Moshell
Director, Skin Diseases Program
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Westwood Building, Room 405
Bethesda, MD 20892
Telephone: (301) 496-7326

SUPPORT OF PROGRAM PROJECT GRANTS

P.T. 34; K.W. 0710030, 1014002

National Institute of General Medical Sciences

This announcement updates and summarizes the policy of the National Institute of General Medical Sciences (NIGMS) regarding program project grants. IT IS NOT AN ANNOUNCEMENT OF ANY NEW PROGRAM OR INITIATIVE. However, since many investigators have inquired about the intent and purposes of program project grants and about their relationship to other support mechanisms, the following description and summary is intended to be helpful to potential applicants.

The National Institute of General Medical Sciences (NIGMS) supports research in the broad areas of Cellular and Molecular Basis of Disease, Genetics, Pharmacological Sciences, and Biophysics and Physiological Sciences. Program project grants are investigator-initiated and are accepted in all research areas supported by the Institute.

The program project grant is more complex in scope and budget than the investigator-initiated individual research grant. While individual research grants are awarded to support the work of one principal investigator who, with supporting staff, is addressing a scientific problem, program project grants are available to a group of several investigators with differing expertise who wish to collaborate in research by pooling their talents and resources. The program project should be organized around a set of closely related projects bearing on a well-defined scientific problem. Normally three to five projects are expected to be involved, with one scientist designated by the applicant institution as principal investigator who bears responsibility for the overall scientific and fiscal management of the program project grant. It is expected that each of the collaborating scientists responsible for the individual projects will be independent investigators. Investigators from more than one department or administrative unit may be represented.

The program project grant is not intended to be a vehicle for departmental support, nor is the research support of one senior investigator and several postdoctoral and research associate-level scientists appropriate under this mechanism.

Furthermore, the need of a group of investigators for a major piece of equipment or a core facility does not in itself provide justification for a program project grant. However, equipment and other core resources necessary to accomplish the objectives of the program project grant may be requested.

APPLICATION GUIDELINES

NOTE: THERE IS AN UPPER LIMIT TO THE BUDGET THAT MAY BE REQUESTED IN A COMPETING PROGRAM PROJECT GRANT APPLICATION TO THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES. THIS LIMIT IS $3,500,000 DIRECT COSTS OVER A 5-YEAR PERIOD. UNDER CERTAIN CIRCUMSTANCES, ADDITIONAL FUNDS MAY BE PROVIDED FOR MAJOR PIECES OF EQUIPMENT.

Applicants should avail themselves of NIGMS staff consultation prior to submission of a program project grant application. Requests for details of research areas supported by NIGMS and inquiries exploring the suitability of the program project grant mechanism should be directed to the Program staff listed at the end of this announcement.

Applications should be prepared using form PHS 398 (Rev. 9/86), (available in most institutional business offices or from the Division of Research Grants, NIH) and the additional guidelines as stated below. The receipt dates for new and renewal program project grant applications are February 1, June 1, and October 1. The earliest possible award dates will be approximately nine months after receipt dates. Applications received too late for one cycle of review will be held for the next.

The program project grant application should be structured as a series of separate but related project proposals. Each component project should adhere to the page limitations stated in the instructions for form PHS 398 (Rev. 9/86). The following format should be used:

A. Overall Proposal: An introductory section should contain justification for the program project grant mechanism and describe those goals which are not as readily attainable through individual research project grants. This section should include: 1) a face page; 2) an abstract; 3) a description of the objectives of the program as a whole and the benefits to be achieved by funding as a program project grant rather than as a series of individual research grants; 4) a list of participating personnel; 5) the consolidated budget for the program project grant (summarizing sub-budgets for the component parts and core); 6) a description of facilities available, including major instruments and special program resources; 7) administrative arrangements for overall scientific leadership, quality control, and management of the program project grant; and 8) a separate, overall listing of proposed percent of effort on the program project grant and actual and pending research support from all sources for each participating investigator (including percent effort devoted to each project).

B. Component Projects: Each component of a program project grant should represent an independent as well as an interdependent research effort, and should be prepared in the format of an individual research grant application, including budget pages, biographical information, detailed description of the research to be conducted, and any justification for human and animal experimentation, if applicable. If support of core resources is requested, a separate section describing and justifying these should be included.

REVIEW OF APPLICATIONS

The individual projects within a program project grant, as well as the program project grant as a whole, must meet the same standards of scientific merit as those required of regular research project grants. In order to assure that a program project grant application receives the best possible review by appropriate peers of all the participating investigators, the scientific merit of each component project will be assessed in a manner comparable to the assessment that an individual research project grant would receive but taking also into account the potential importance of the project to the success of the total effort. In addition, the scientific merit of the program project grant application as a whole, as well as its coherence as a program, will be assessed. Each research component of the program project, as well as the program project as a whole, will receive a priority score.

Final review and recommendations by the National Advisory General Medical Sciences Council will take into account the scientific merit of both the individual projects and the overall program project grant application. It is possible that funding for some of the individual projects or core components approved by the initial review group may be deleted by Council or by NIGMS staff prior to award of a grant, based on the scientific merit of the these components or the lack of coherence with the rest of the program project. In addition, the Council will also judge the appropriateness of the grant to the overall mission of NIGMS.

For further information, applicants are urged to contact the NIGMS program staff listed below:

Biophysics and Physiological Sciences:
Dr. Marvin Cassman, (301) 496-7463

Trauma and Burn Research:
Dr. Lee Van Lenten, (301) 496-7001

Cellular and Molecular Basis of Disease:
Dr. Charles Miller, (301) 496-7021

Genetics:
Dr. Fred Bergmann, (301) 496-7087

Pharmacological Sciences:
Dr. Christine Carrico, (301) 496-7707

Anesthesiology:
Dr. Paul Velletri, (301) 496-7707

Biorelated Chemistry:
Dr. Janet Newburgh, (301) 496-7181

For general information, applicants should contact:
Dr. Elke Jordan, (301) 496-7061.

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NIH GUIDE

For Grants and Contracts

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Vol. 16, No. 31, September 11, 1987

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NOTICES

NOTICE OF MEETING - THE HEALTH OF BIOMEDICAL RESEARCH INSTITUTIONS

P.T. 42; K.W. 1014002

National Institutes of Health

Notice is hereby given that the National Institutes of Health (NIH) will hold the first two of a series of regional public briefing meetings to be conducted under the auspices of the Advisory Committee to the Director, NIH, on "The Health of Biomedical Research Institutions." The purpose of the meetings is two-fold:

1 to provide current information concerning the activities of the NIH by describing the broad political context in which the NIH operates, discussing the Federal budget process as it affects the formulation of the NIH budget, demonstrating recent trends in the funding of NIH programs, discussing the broad strategies adopted by NIH to meet emerging needs, and describing new NIH policies and programs designed to achieve program objectives; and

2 to solicit through public testimony the views of biomedical researchers, university faculty and administrators, representatives of professional societies, and other interested parties concerning the impact of the Federal system of sponsored research on the health of biomedical research institutions.

The first meeting will be held on Thursday, November 5, 1987 from 8:30 a.m. to 5:00 p.m. at the University of California, Los Angeles. The second will be held on November 6, 1987 from 8:30 a.m. to 5:00 p.m. at the University of California, San Francisco. Notice of the time and location of additional meetings will be published later.

Following presentations by the Director, NIH, and his senior staff, a panel comprised of members of the Advisory Committee to the Director, NIH, representatives of NIH national advisory councils, and senior NIH staff will spend the remainder of the day receiving testimony from public witnesses. Each witness will be limited to a maximum of ten minutes. Attendance and the number of presentations will be limited to the time and space available. Consequently, all individuals wishing to attend or to present a statement at this public meeting should notify, in writing:

Jay Moskowitz, Ph.D.
Executive Secretary
Advisory Committee to the Director, NIH
National Institutes of Health
Shannon Building, Room 137
Bethesda, MD 20892
Telephone: (301) 496-3152

Those planning to make a presentation should file a one-page summary of their remarks with Dr. Moskowitz by September 30, 1987; a copy of the full text of these remarks should be submitted for the record at the time of the meeting. Please indicate which of the two meetings you plan to attend. Additional information may be obtained by calling:

Mr. Edward Lynch
Division of Program Analysis
Office of Program Planning and Evaluation
National Institutes of Health
Shannon Building, Room 235
Bethesda, MD 20892
Telephone: (301) 496-1454

PRIMARY SCREENING OF HTLV III/LAV (HUMAN AIDS VIRUS)

RFP AVAILABLE: NCI-CM-87237-29

P.T. 34; K.W. 0780015, 0715120, 0715125, 0740020, 1002002

National Cancer Institute

The Biological Testing Branch (BTB) is seeking an organization to provide assistance in the primary screening of experimental agents utilizing the HTLV/LAV (human AIDS virus). An organization is sought which will supply the necessary equipment, personnel and facilities to maintain cell lines, virus, and, on a small scale, athymic mice, and conduct screening at the rate of 5,000 tests per year. Tasks will include maintaining and expanding one or more cell lines, the virus necessary to infect these cells, the preparation of experimental agents for testing and the collection and submission of data. Work will primarily involve cell culture, although approximately 10 percent of the effort may involve in vivo secondary testing utilizing the athymic mouse as host. It is anticipated that one cost-reimbursement contract, completion form, will be awarded as a result of the solicitation. This contract is planned to be incrementally funded over a five-year period. Because of the nature of the work involving live human immunodeficiency virus (HIV), offerors must show evidence at the time of proposal submission that P-3 level biocontainment facilities are available for use on this project. All responsible sources may submit a proposal which shall be considered by the National Cancer Institute.

It is expected that RFP No. NCI-CM-87237-29 for the above described work will be available to interested offerors on or about October 9, 1987, with a closing date for receipt of proposals on November 24, 1987.

Copies of the RFP may be obtained by written request to:

Clyde Williams
Contracting Officer
Treatment Contract Section,
Research Contracts Branch
National Cancer Institute
Blair Building, Room 224
Bethesda, MD 20892
Telephone: (301) 427-8737

MAINTENANCE OF A NON-HUMAN PRIMATE BREEDING COLONY

RFP AVAILABLE: NICHD-CRMC-87-03

P.T. 34; K.W. 1002002, 0775020, 0404000

National Institute of Child Health and Human Development

The Pregnancy and Perinatology Branch, Center for Research for Mothers and Children, National Institute of Child Health and Human Development, has a requirement for the continued maintenance of a colony of subhuman primates of the species, Macacca Mulatta. The NICHD primate colony, currently located at the California Primate Center, maintains 335 animals to provide timed-mated pregnant females, random-mated pregnant females, embryonic and fetal materials, and neonates of known gestation and juveniles of known age to investigators supported by this Institute. After the transfer of the existing colony to the successful contractor, they will be expected to provide plans for colony enhancement, to minimize future inbreeding and to improve the breeding success of the colony. Plans also should be submitted for applied research in the areas of reproductive efficiency, refinement of pregnancy testing, and/or development of behavioral indices which promote effective social interactions to reduce mortality and morbidity related to fighting injury. Also to be included are areas such as better method of timing pregnancy and fetal sex determination.

The Request for Proposals, RFP NICHD-CRMC-87-03, will be issued on or about September 16, 1987. Responses to the RFP will be due on November 16, 1987.

Copies of the RFP may be obtained by sending a written request with a self-addressed label to:

Ms. Mya Nwe Hlaing
Contracts Management Section
Office of Grants and Contracts
National Institute of Child Health and Human Development
Landow Building, Room 6C29
7910 Woodmont Avenue
Bethesda, Maryland 20892

Requests for the RFP must cite the RFP number: RFP NICHD-CRMC-87-03

CANCER PREVENTION AND CONTROL RESEARCH SMALL GRANTS PROGRAM

RFA AVAILABLE: 87-CA-37

P.T. 34; K.W. 0715035, 0745055, 0710095, 0785055, 0403004, 0404019

National Cancer Institute

Application Receipt Date: December 10, 1987

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites Small Grants research applications in areas relevent to the cancer prevention and control program as noted below.

New as well as experienced investigators in relevant fields and disciplines (e.g. disease prevention and control, medicine, public health, health promotion, epidemiology, social work, nursing research, nutrition, health policy, health services research, and behavioral sciences (social psychology, health education, sociology, community organization)) may apply for small grants to test ideas or do pilot studies.

Up to 30 awards will be made under this RFA if funds are available. Under previous RFAs, 56 awards have been made.

RESEARCH GOALS AND PROGRAM DEFINITIONS

A Cancer Prevention and Control Research Small Grants Award is designed to encourage investigators from a variety of academic, scientific and public health disciplines to apply their skills to scientific investigations in the field of human cancer control intervention research.

Cancer control is defined as the reduction of cancer incidence, morbidity, and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad, systematic application of the research results.

Cancer control research studies are classified into one of five phases which represent the orderly progression noted in the above definition: (I) hypothesis development; (II) methods development and testing; (III) controlled intervention trials to establish cause and effect relationships; (IV) research in defined, human populations; and (V) demonstration and implementation studies. The Division is primarily interested in research on cancer control intervention in Phases II through V.

Within this small grant program, investigators may chose any of the full range of scientific approaches in their work.

Many studies and research designs may contribute to the design, implementation or evaluation of future phase III-V studies, e.g. descriptive baseline surveys, testing, modifi-cation and validation of surveys or program materials for use in the proposed population groups, testing of recruitment or compliance procedures for participants, etc. The research may occur in a variety of settings, such as communities, schools, health departments, worksites, etc. These investigators will become part of the new nationwide group of scientists pursuing cancer control research goals.

PROGRAM AREAS OF INTEREST

The National Cancer Institute has announced a goal and objectives for achieving a 50 percent reduction in the cancer mortality rate by the year 2000 (Greenwald, P., Sondik, E.J. Cancer Control Objectives For the Nation: 1985-2000. NCI Monograph No.2, 1986).

Cancer Control Program areas appropriate for research grants include HUMAN INTERVENTION research in the following areas:

- Prevention (chemoprevention, diet and nutrition, and early detection)

- Health promotion sciences (modifying personal, social and lifestyle and health care system factors which contribute to cancer prevention and control)
- Smoking prevention and cessation
- Cancer control operations research and evaluation
- Applied epidemiology (using epidemiologic methods to determine the association between exposure to an INTERVENTION and its impact on disease)
- Planning, epidemiologic and survey studies aimed at developing cancer control interventions
- Applications research in modifying, feasibility testing, and adopting proven, state-of-the-art intervention programs and strategies from other research projects in state and local health agencies or other community settings. Also adaption of state and local health agency data bases for cancer control planning and evaluation.
- Community oncology (improving the application of patient management and continuing care research advances into community settings)

EXCLUSIONS

Studies to determine the efficacy of chemotherapy, surgery, radiotherapy, and other primary treatment interventions are not considered cancer control research under this RFA. Other animal studies are not allowed.

ELIGIBILITY

Applicants may be established researchers, new investigators, qualified staff of public health departments and collaborating agencies, and predoctoral investigators. DISSERTATION research proposals are allowed.

The only INELIGIBLE applicants are those individuals who are or have previously been Principal Investigator on an NCI funded CANCER CONTROL grant or contract for more than TWO years.

MECHANISMS OF SUPPORT

Awards will be made as research grants. Total costs (direct plus indirect) must not exceed $35,000. The duration of support is one year but may be longer (up to two years) if the $ 35,000 funding limit is not exceeded for the entire project.

INQUIRIES

Copies of the complete RFA and additional information may be obtained from:

Carlos E. Caban, Ph.D.
Program Director for Cancer Control Research
Cancer Control Applications Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 4A01
9000 Rockville Pike
Bethesda, Maryland 20892-4200
Telephone: (301)427-8735

Prospective applicants are strongly encouraged to discuss their ideas with the Program Director to determine whether they fit within the definition and program guidelines of cancer control. PLEASE CONTACT THE PROGRAM DIRECTOR(S) BFORE SUBMITTING A GRANT APPLICATION IF THERE IS ANY UNCERTAINTY ABOUT MEETING THE CRITERIA.

MINORITY HIGH SCHOOL STUDENT RESEARCH APPRENTICE PROGRAM

P.T. 44, FF; K.W. 0710030, 0720005

Division of Research Resources

Application Receipt Date: December 1, 1987

BACKGROUND AND OBJECTIVES

The Division of Research Resources (DRR), National Institutes of Health (NIH) currently plans to continue the Minority High School Student Research Apprentice Program in 1988.

The purpose of the program is to provide minority high school students with a meaningful experience in various aspects of health-related research in order to stimulate their interest in careers in science.

ELIGIBILITY

Eligible institutions are those that were awarded grants during the latest complete Federal fiscal year 1987 from either the Biomedical Research Support Grant (BRSG) Program or the Minority Biomedical Research Support (MBRS) Program, both of which are administered by DRR, NIH. Only one application for the Apprentice Program can be submitted by a component of an institution that is the recipient of both the BRSG and MBRS awards.

Students eligible for support under this program are those who (1) identify themselves as minority (i.e., Black, Hispanic, American Indian, Alaskan Native, Pacific Islander, or Asian); (2) are U.S. citizens or have a permanent visa; and (3) are enrolled in high school during the 1987-88 academic year. (Students who will graduate from high school in 1988 are eligible, as is a student who participated in a previous year - provided he/she is still enrolled at the high school level.)

MECHANISM OF SUPPORT

The mechanism of support for this program will be the NIH grant-in-aid. Support will be provided at a level of $1,500 for each apprentice position allocated. No indirect costs will be paid. Direct support to the apprentice must be as salary; stipends are not allowed. Within the $1,500 per student allocation, funds may also be utilized for supplies, extending the research experience, or if adequate funds exist, for the addition of an apprentice. However, funds from these grants may only be used for the costs of the apprentice program. The Program Director is responsible for recruitment and selection of the apprentices and assignment of each to an investigator. Recruitment and selection of students should emphasize factors of the students' motivation, ability and scholastic aptitude and accomplishments. In addition, consideration should be given to science teachers' recommendations and where possible the degree of parental commitment. Assignments should be made to investigators involved in health-related research who are committed to developing in the high school students both understanding of the research in which they participate and the technical skills needed.

APPLICATION

Eligible institutions should submit an application consisting of no more than:

1 A one-page letter stating the number of student positions requested, plus

2 An original and two signed and completed copies of the Grant Application Form, PHS 398 (Rev. 09/86) face page only.

Mark the "YES" box in item 2 and indicate the announcement title as "Minority High School Student Research Apprentice Program."

Mark items numbered 4, 5, 7, 8b, 10 and 14 Not applicable (N.A.). Complete item 8a with the total dollar amount of your request, which is the sum of the number of student positions requested times $1,500 per student.

A one-page Program Director's report, and a one-page report for each student may be submitted at any time but these reports and a Financial Status Report will be required by May 31, 1989.

Please Note: Limited funds and increased requests for such student positions may restrict the final allocations by DRR to three or four students per eligible applicant institution. Upon recommendation of the National Advisory Research Resources Council, the Division will give preference in making awards to those institutions that can support a summer program having a "critical mass" of at least five or six students using institutional as well as DRR funds.

The applications should be submitted to:

Biomedical Research Support Program
Division of Research Resources
National Institutes of Health
Building 31, Room 5B-23
9000 Rockville Pike
Bethesda, Maryland 20892

Inquiries can be made of Dr. Marjorie A. Tingle at the above indicated address or by calling (301) 496-6743.

The firm deadline for receipt of applications is December 1, 1987. Awards will be effective March 1, 1988, contingent upon availability of appropriated funds.

ONGOING PROGRAM ANNOUNCEMENTS

POSTDOCTORAL FELLOWSHIPS IN MOLECULAR BIOPHYSICS

P.T. 22; K.W. 0720005, 1013004, 0760070, 0790000

National Institute of General Medical Sciences

The National Institute of General Medical Sciences (NIGMS) would like to re-emphasize the availability of existing National Research Service Award (NRSA) individual postdoctoral fellowships to support training in the areas of biomolecular structure and the application of physical methods to biological systems. Examples of the research areas of interest include, but are not limited to, X-ray and NMR studies of macromolecules, theoretical analysis of protein dynamics, and high-resolution spectroscopy of active site structure. This announcement is prompted in part by the increasing demand for scientists trained in these areas.

NIGMS is interested in stimulating applications from individuals who wish to obtain postdoctoral training in the application of physical techniques to the study of biological systems at the molecular level. The NIGMS particularly wishes to encourage applications from those having doctoral training in disciplines such as physics, mathematics, and chemistry, who are interested in pursuing biologically related problems. It is understood that additional course work may be required to accommodate significant disciplinary shifts.

APPLICATION PROCEDURE

January 10, May 10, and September 10 are the annual receipt dates for individual NRSA applications. Application material is available from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, Bethesda, Maryland, 20892.

STIPEND LEVEL

The stipend level for postdoctoral fellows is determined by the number of years of relevant postdoctoral experience at the time of appointment, and ranges from $15,996 to $30,000 per annum. In addition, the applicant institution may request up to $3,000 per year for each postdoctoral fellow for essential support costs to the training program.

Awards will be subject to all the guidelines for NRSA awards. See NIH Guide to Grants and Contracts, Vol. 13, No. 1, January 6, 1984.

For further information please contact:

Dr. Marvin Cassman
Director, Biophysics and Physiological Sciences Program
National Institute of General Medical Sciences
Bethesda, Maryland 20892
Telephone: (301) 496-7463

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SYMPOSIUM - EMERGING ISSUES IN BIOMEDICAL RESEARCH SAFETY

P.T. 42; K.W. 0715175

National Institutes of Health

The Division of Safety, National Institutes of Health (NIH), is pleased to announce the Tenth NIH Research Safety Symposium. This one and one-half day program, to be held December 3-4, 1987, focuses on emerging issues in biomedical research safety. The rapid advances in biomedical research over the last ten years serve to challenge safety and health professionals to anticipate what technical or safety-related hurdles may need to be overcome to meet the needs of the research community in the future. This symposium will examine several mechanisms for resolving currently recognized laboratory safety problems associated with biomedical research, and will explore the effectiveness of the internal institutional review process to identify and resolve emergent safety problems before they constrain research. Speakers representing the scientist, safety professional, biomedical research administrator, architect and engineer, research program director and public policy analyst will examine:

-- current trends in biomedical research and associated safety problems;

-- the perception of risk and its impact on research related safety and health issues;

-- conflicting design requirements for biomedical research facilities brought about by rapid advances in research or research techniques; and

-- alternative internal institution review mechanisms to identify and resolve research safety issues.

Date: December 3 - 4, 1987
Place: NIH, Masur Auditorium

For more details, please contact:

Peggy Van Ness
Social and Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 610
Bethesda, Maryland 20814
Telephone: (301) 986-4870

"THE TOTAL PICTURE" - PROGRAM FUNDING AND GRANTS ADMINISTRATION AT THE NATIONAL INSTITUTES OF HEALTH (A REGIONAL CONFERENCE)

P.T. 42; K.W. 1014002

National Institutes of Health

A two-day conference covering topics related to both program funding and grants administration at the National Institutes of Health is planned for October 28-29 at the University of Oklahoma Health Sciences Center in Oklahoma City. The conference is targeted for an audience of researchers and research administrators at institutions in the southwest region which includes Oklahoma, Texas, Arkansas, Louisiana, New Mexico, Kansas, and Missouri. Investigators and staff from small and minority colleges, for-profit research organizations, hospitals, universities, and research institutes are invited. This two-day conference has a dual focus of interest to both researchers and grants administrators. Discussions of current issues that affect NIH funding and grants administration are included to give conference participants a comprehensive, up-to-date view of NIH-sponsored research.

The first day of the conference is devoted tc discussions of current interest to the research programs of the various institutes that comprise the NIH. Preparation of an NIH proposal and the NIH review process are included as agenda topics. Dr. George J. Galasso, Associate Director for Extramural Affairs at the NIH, and program representatives from four of the NIH institutes are featured speakers. Time is available for conference participants to meet informally with the NIH representatives and discuss topics of special interest.

The program for the second day covers topics associated with pre-award and post-award administration of NIH grants. Policy and procedural issues affecting NIH grants administration form the basis for the program. General discussions on current issues and the changes they precipitate are followed by more specific discussions regarding special career development programs, indirect costs, and development of institute funding plans. A graphic presentation illustrating national and regional NIH application and award trends and review group scoring trends is included on the agenda. Mr. Geoffrey Grant, Grants Policy Officer in the Office of Extramural Research at NIH, and representatives from the Division of Research Grants and the grants administration branches of several of the institutes are featured speakers.

Conference information will be mailed out in early September with the deadline for conference registration set at October 9. Ms. Karen Petry at the University of Oklahoma's Norman campus is in charge of conference arrangements. For more information, contact her at (405) 325-4757.

REVISED POLICIES AND PROCEDURES CONCERNING REIMBURSEMENT OF INDIRECT COSTS

P.T. 34; K.W. 1014002

Public Health Service

The Public Health Service (PHS) soon will issue revised policies and procedures for the reimbursement of indirect costs. The new policies and procedures will be contained in a revised PHS Grants Administration Manual (GAM) Part 609, "Reimbursement of Indirect Costs," and will implement changes included in the June 12th revision of the HHS GAM Chapter 6-150. The revised PHS Part 609 will apply to all PHS grants and cooperative agreements (except block grants).

The most significant changes in the new PHS policy are:

-- All grant applications reviewed by review panels will show both direct and indirect costs requested. (Grant application Form PHS 398, revised 9/86, contains this feature.) This will provide reviewers more information about the overall cost of proposed projects. However, review panels will have no authority to change indirect cost rates or restrict the application of those rates.

-- Indirect costs will be reimbursed based on the most current rate(s) available at the time of award.

-- The total amount awarded by PHS (direct plus indirect costs) shall constitute a ceiling on the amount payable to the grantee for a grant budget period.

-- Additional indirect cost funding will be awarded only in the following circumstances and provided that funds are available:

o To correct an error made by the granting agency in computing the award. Included in this exception is the proviso that the granting agency shall revise the award to provide additional funds for indirect costs when a higher rate(s) than the rate(s) used in the grant award is negotiated and becomes effective (that is, the date of the Indirect Cost Rate Agreement) on or before one calendar month prior to the beginning date of the grant budget period.

o To restore funds previously recaptured by PHS as part of a grantee's unobligated balance.

o For new or delinquent grantees for whom valid rates are subsequently established.

o Upon expansion or extension of projects (limited to the indirect costs attributable to any direct costs awarded). Additional direct costs awarded for other reasons may be accompanied by associated indirect costs at the granting agency's option.

-- Grantees will be allowed to rebudget between direct and indirect costs (in either direction) without prior PHS approval. However, the rebudgeting will be subject to other normal prior approval requirements (that is, change of program scope or objectives, purchase of equipment with an acquisition cost greater than $25,000, etc.).

-- All Financial Status Reports (FSRs) that reflect the use of a non-permanent rate(s) will need to be adjusted if a lower permanent rate(s) applicable to the grant is established. In these cases, the grantee shall submit a Summary Report of Expenditures Adjustment Sheet (SROEAS) displaying the downward adjustment to each grant resulting from the difference between the non-permanent and the permanent rate(s). (Revised FSRs are not necessary.)

-- The time period for submission of the SROEAS has been reduced from 12 months to 6 months after the Indirect Cost Rate Agreement establishing the permanent rate(s) is executed and shall cover all grants affected by the Agreement.

The revised polices and procedures will apply to all applicable PHS grants awarded on or after October 1, 1987.

The National Institutes of Health (NIH) will provide the actual amount for indirect costs in the "Award Computation" portion of the Notice of Grant Award (Form PHS 1533, revised 9/86) under line 2, "Indirect Costs." This change reflects the fact that the NIH Division of Financial Management will no longer be responsible for making all NIH awards for indirect costs. Thus, any questions regarding the amount of indirect costs provided for the grant budget period, or its calculation, should be referred to the awarding component that issued the grant.

DISCONTINUANCE OF FINANCIAL FORM

P.T. 34; K.W. 1014002

National Institutes of Health

The National Institutes of Health (NIH) has discontinued using the Notice of Disposition of Grant Unexpended Balance, Form NIH 1686, revised 9/84. The purpose of the form was to allow the NIH Division of Financial Management to notify the grantee organization's business office and the NIH awarding component of the action taken concerning the disposition of grant funds remaining at the end of each competitive segment of a grant project period. Grantees are reminded that no balance may be expended unless it is reflected on a Notice of Grant Award, Form PHS 1533, revised 9/86.

In short, this change has been made because (1) the Grant Unexpended Balance form essentially duplicated information contained on the Financial Status Report, and (2) the grantee business office and the NIH awarding component are aware that either the grant has expired or there is follow-on support evidenced by an active competing continuation award.

Questions regarding the elimination of the Notice of Disposition of Grant Unexpended Balance form may be directed to:

Mr. Steven J. Berkowitz, Chief
Federal Assistance Accounting Branch
Division of Financial Management
National Institutes of Health
Building 31, Room B1B07
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-6101

INCLUSION OF MINORITIES IN STUDY POPULATIONS

P.T. 34, FF; K.W. 1014002, 0710030

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The Secretary's Task Force on Black and Minority Health issued its report in October 1985. In its review of existing data, the Task Force noted the under representation of minorities in research studies. This has resulted in significant gaps in knowledge about minority subpopulations. This finding prompted the Task Force to recommend the expansion of biomedical and behavioral research to assure appropriate emphasis on health problems that disproportionately affect U.S. racial/ethnic minority populations (i.e., American Indian or Alaskan Natives, Asian/Pacific Islanders, Blacks, Hispanics). Currently, these problems include: cancer, chemical dependency, heart disease and stroke, homicide and accidents, diabetes, infant mortality and acquired immunodeficiency syndrome (AIDS).

In these emphasis areas (noted above), there are clear scientific and public health reasons for specifically including members of minority groups in study populations. However, investigators should be aware that merely including an arbitrary number of minority group participants in a given study is insufficient to guarantee generalization of the results. In attempting to include minority groups in a particular study, attention must be paid to research design and sample size issues.

Also, the NIH and ADAMHA urge applicants for grants and offerors for contracts to give added attention (where feasible and appropriate) to the inclusion of minorities in the study populations for research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

For further clarification or discussion of this issue, contact:

John W. Diggs, Ph.D.
Director, Extramural Activities Program, NIAID
Vice-Chair, Subcommittee on Equal Opportunity
for Access in Extramural Programs
National Institutes of Health
Telephone: (301) 496-7291

Delores L. Parron, Ph.D.
Associate Director for Special Populations
Coordinator for Special Populations, ADAMHA
Alcohol, Drug Abuse, and Mental Health Administration
Telephone: (301) 443-2847

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

MICROSTIMULATOR FOR FUNCTIONAL NEUROMUSCULAR STIMULATION

RFP AVAILABLE: NINCDS-87-11

P.T. 34; K.W. 0740050, 0607023, 0706040

National Institute of Neurological and Communicative
Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement for development and evaluation of an implantable, single channel, untethered microstimulator for functional neuromuscular stimulation (FNS).

Offerors should have experience in microtelemetry and design of electrical stimulators. Integrated circuit fabrication skills are desirable.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-NINCDS-87-11 will be issued on or about October 2, 1987, with a closing date for receipt of proposals set for December 3, 1987.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered by the agency. Requests for copies of the RFP will be honored if received within 20 calendar days after the scheduled issue date of the RFP. Requests received after this period will be filled on a first-come, first-served basis until the supply is exhausted. The RFP package will be available upon written request to:

Contracting Officer
Contracts Management Branch, NINCDS
National Institutes of Health
Federal Building, Room 901
Bethesda, Maryland 20892

INACTIVATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER TRANSFUSION-TRANSMITTED VIRUSES IN BLOOD AND BLOOD COMPONENTS

RFA AVAILABLE: 87-HL-19-B

P.T. 34; K.W. 0750010, 1002045, 0715120, 0715125

National Heart, Lung, and Blood Institute

Application Receipt Date: November 16, 1987

The Blood Resources Branch of the Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) on the above subject. This announcement was published previously in the May 29, 1987 issue of the NIH Guide to Grants and Contracts (Vol. 16, No. 18). It is being reissued to emphasize further the urgent need to receive grant applications addressing the development of methods to inactivate viruses in blood and blood components. Copies of the RFA, 87-HL-19-B, may be obtained from staff of the NHLBI.

The program will encourage basic and applied research on the development and evaluation of procedures to remove or destroy the infectivity of HIV and/or other transfusion-transmitted viruses in blood and blood components while maintaining the therapeutic effectiveness of these preparations. The emergence of the AIDS epidemic has underscored the serious and urgent need to develop effective means of rendering blood and blood components safe for transfusion. Procedures that are developed should be simple, inexpensive and capable of being used in blood banks and blood centers.

Request for copies of the RFA should be addressed to:

Luiz H. Barbosa, D.V.M.
Blood Resources Branch, DBDR
Federal Building, Room 504
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1537

AIDS-ASSOCIATED HEART DISEASE

RFA AVAILABLE: 87-HL-27-H

P.T. 34; K.W. 0715040, 0715120, 0755030

National Heart, Lung, and Blood Institute

Application Receipt Date: January 15, 1988

The Division of Heart and Vascular Diseases of the National Heart, Lung, and Blood Institute invites grant applications to be considered in a single competition for support of research on AIDS - associated heart disease.

BACKGROUND

Several recent reports suggest the possibility of AIDS - associated heart disease that is distinct from the local metastatic involvement of the heart in Kaposi's sarcoma and from decreased heart weight and marantic endocarditis. These reports include diagnoses of myocarditis, dilated cardiomyopathy, congestive heart failure and arrhythmias. Little is known about the etiology and pathogenesis of heart disease in AIDS patients and the relative roles of HIV, opportunistic infections and drug abuse.

OBJECTIVES AND SCOPE

The overall goal is to generate knowledge which will lead to improved diagnosis and treatment of heart disease in AIDS patients. To this end the objective is to elucidate the mechanisms underlying the pathogenesis of AIDS - associated heart disease. Relevant approaches include the disciplines of molecular biology, cell biology, pathology, virology, cardiology, immunology, and microbiology as they apply to the cardiovascular system. Other approaches include the study of evolving cardiac dysfunction in patients, pharmacologic studies of therapeutic regimens and the use of animal models.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional, individual research grant. It is anticipated that approximately eight grants will be awarded under this program. All current policies and requirements that govern the research grant programs of the National Institutes of Health will apply to grants awarded under this RFA. Awards will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards.

REVIEW PROCEDURES

All applications submitted in response to this RFA will be evaluated for scientific and technical merit by an initial review group, which will be convened for this purpose, by the Division of Extramural Affairs, NHLBI.

METHOD OF APPLYING

Potential applicants should write or phone the individual listed below for the full RFA document, which includes instructions for the submission of applications:

Constance Weinstein, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 3C06
7550 Wisconsin Avenue
Bethesda, MD 20892
Telephone: (301) 496-1081

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

NATIONAL COOPERATIVE DRUG DISCOVERY GROUPS FOR THE TREATMENT OF ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

RFA AVAILABLE: 87-AI-24

P.T. 34; K.W. 0715120, 0715125, 0740020, 0755025, 1003006, 0710100, 0710030

National Institute of Allergy and Infectious Diseases

Letter of Intent Receipt Date - December 1, 1987
Application Receipt Date - February 12, 1988

The National Institute of Allergy and Infectious Diseases (NIAID) announces availability of an RFA for funding of the National Cooperative Drug Discovery Groups for the Treatment of Acquired Immune Deficiency Syndrome (NCDDG/AIDS). It is the purpose of this RFA (available on request) to invite applications aimed at the discovery of more effective, more selective, and more diverse agents which can be used for the treatment of AIDS. Applications which include a research project or a core component from the private sector (e.g. pharmaceutical, chemical, or biotechnological companies) are encouraged. Research on the use of either the humoral or the cellular arm of the immune system, on the structure and biophysical properties of proteins, biochemistry of viral host interactions, drug targeting, biochemistry of viral, mycotic and parasitic interactions, animal models, drug metabolism, discovery of potentially efficacious natural products or synthetic chemicals may be judged responsive to this RFA. Applications must include at least one research project specifically on HIV and may submit projects designed for developing therapies for the treatment of the following opportunistic infections associated with AIDS: mycobacteria, cryptococcosis, pneumocystis, Epstein Barr virus and cytomegalovirus. However, applications for the development of nucleoside analogues for the treatment of members of the herpes virus family will not be accepted as responsive to this RFA.

Each NCDDG/AIDS will be assembled by the Principal Investigator to form a multidisciplinary consortium representing the various skills needed to successfully design, synthesize, and evaluate, at the preclinical level, treatment entities and strategies for the treatment of AIDS. Inasmuch as it is unlikely that all of the outstanding talents required to exploit fundamental leads from various scientific disciplines will be found in a single institution, each Group is envisioned as being multi-institutional as well. Thus each NCDDG/AIDS will be assembled by the Principal Investigator and will consist of a number of research projects representing the scientific disciplines required to attain the Group's goal and objectives. The various research projects, including that of the Principal Investigator, may be mobilized from academia, research institutions, or industry. It is expected that the rationale for design of potential treatments, the synthesis of specific agents, and the preclinical models for evaluation will originate within the Group and be based on leads from their own and others' fundamental research. Specifically excluded from the Group's activities are activities related to clinical evaluation of the drug.

Awards will be made as Cooperative Agreements. Assistance via Cooperative Agreement differs from the research grant in that the Government component (in this instance, NIAID) awarding the Cooperative Agreement anticipates substantial involvement during performance. The nature of NIAID staff participation is described in the RFA. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to anti-AIDS treatment.

The proposed applicant institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the group as a whole and not to individual research projects with the Group. The applicant institution will provide a Central Operations Office for the Group. The applicant institution will be responsible for the performance of the entire Group and will be accountable for the funds awarded. The participation of the Government through the NIAID extramural staff is aimed at facilitating a concerted effort by the Group by making available to the Group biological materials for testing, appropriate existing data bases, and appropriate ancillary testing under existing contracts. The interaction of academic and nonprofit research institutions with commercial organizations and Government is expected to favor efficient invention of anti-AIDS treatment and will facilitate its subsequent development to clinical trial.

NIAID has set aside 3 to 5 million total costs for the initial year's funding. It is anticipated that 3-5 awards will be made under this program.

This RFA is available from:

Dr. John J. McGowan
Chief, Developmental Therapeutics Branch
AIDS Program
Westwood Building 3A-07
National Institute of Allergy
and Infectious Diseases
Bethesda, Maryland 20892
Telephone: (301) 496-8197

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

ONGOING PROGRAM ANNOUNCEMENTS

MOLECULAR AND DEVELOPMENTAL NEUROBIOLOGY

P.T. 34; K.W. 0705055, 1002008, 1002059, 0790000

National Institute of Child Health and Human Development
National Institute of Neurological and Communicative
Disorders and Stroke

The National Institute of Child Health and Human Development (NICHD) and The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) jointly sponsor this program announcement to invite research grant applications for studies on the molecular biology of the developing nervous system. The purpose of this program announcement is to place additional emphasis on research which focuses on the development of structure and function at the molecular level in the central nervous system.

BACKGROUND

Structural nervous system anomalies are commonly encountered in newborns and comprise over half of the human congenital abnormalities that are incompatible with life. They also can pose a life-long burden of morbidity if the affected newborns survive. The majority of studies to date have focused on morphological aspects of the development of the nervous system and increasing attention is needed on the complex series of interacting events that result in a normally functioning central nervous system. Studies are therefore needed on all aspects of nervous system maturation with increased emphasis on molecular approaches covering the embryonic, fetal and postnatal periods.

RESEARCH GOALS

Investigations are encouraged that examine the sequence of spatially and temporally overlapping developmental events from the earliest gestational stages until maturation of the fully functioning adult organ system. Interest involves early neurogenesis, histogenesis, disorders of normal development and behavioral studies. Establishment of cell lineages, neuronal migrations, axonal outgrowth and long range connectivity, formation of synaptic connections and patterns of cell death are all considered. Normal as well as adverse influences leading to developmental nervous system abnormalities are included. While investigations can be at the cellular level, increasing attention should be given to efforts that identify molecular components in nervous system development and that examine the developmental regulation and function of the respective genes. Use of mammalian animal models is preferred but investigations employing nonmammalian models or cell or organ culture systems for understanding of nervous system maturation and developmentally-caused nervous system abnormalities in the human are also appropriate. Nervous system developmental studies encouraged by this announcement are given below. Other relevant topics proposed by applicants are equally welcome.

INVESTIGATIONS NEED TO IDENTIFY MOLECULAR COMPONENTS IN THE ESTABLISHMENT OF CELL LINEAGES AND TO ANALYZE THEIR INVOLVEMENT IN THE COMMITMENT OF NEURAL PRECURSOR CELLS TO SPECIFIC CELL LINEAGES AND DIFFERENTIATION PATHWAYS OF THE NERVOUS SYSTEM IN THE EARLY EMBRYO. STUDIES MAY:

- Examine control of proliferation of precommitted cells by growth factors and inhibitors (microenvironmental influences) and the expression of growth factors and their function in cellular commitment to specific cell lineages.
- Analyze relationships between neuronal ancestries and final differentiated fates and determine the gestational times when commitment to specific cell lineages is made.
- Develop cellular probes, such as injected DNA encoding a unique molecular marker, to investigate cell division and the commitment of cells to specific cell lineages, analyze the genes' role in the hierarchy of developmental decisions that cell lineages have to make and study genes and gene products, defined by homeotic mutations, involved in specification of neural cell fates.
- Determine the molecular defects caused by mutant genes, and their spatial and temporal characteristics in producing nervous system development-regulating effects.

STUDIES ARE NEEDED BEYOND THE CURRENT KNOWLEDGE OF GLIAL CELL INVOLVEMENT IN NEURONAL MIGRATION TO IDENTIFY PARTICULARLY THE MOLECULAR COMPONENTS IN THIS PROCESS AND TO EXAMINE DEVELOPMENTAL REGULATION DURING THE MORPHOGENETIC MOVEMENTS OF NEURULATION AND OF THE NEURAL CREST. THEY MAY:

- Evaluate cell surface adhesion molecules in premigratory sorting from their proliferative zone, and in interactions with glial cells during neuronal migrations.
- Examine the regulatory controls for the stage- and tissue-specific expression of the neuronal cell surface adhesion antigens, i.e., by endogenous and exogenous regulatory factors and events.
- Dissect the molecular architecture and functional sites of neuronal cell surface adhesion antigens with monoclonal antibodies and recombinant DNA techniques.

- Characterize receptor molecules for neuronal cell surface adhesion antigens involved in the adhesive and migratory processes on both neuronal and glial cell surfaces.

- Determine extracellular matrix constituents recognized by neuronal cell surface antigens during the adhesive and migratory processes.

- Examine the relationship between proliferative and migratory behavior of neural crest-derived cells and the controlling molecular mechanisms.

- Study distribution of extracellular matrix components in the developing organism and correlate with the known pathways of neural crest migration.

- Study role and embryonal developmental regulation of the various matrix molecules in neural crest migration.

MOLECULAR MECHANISMS BY WHICH NEURONS FIND PROPER CONNECTIONS IN THE DEVELOPING EMBRYO AND MOLECULAR CONTRIBUTIONS THAT ARE ESSENTIAL FOR AXONAL GUIDANCE THROUGH THE EMBRYONIC ENVIRONMENT TO APPROPRIATE TARGET TISSUES NEED STUDY. THIS ALSO NECESSITATES INVESTIGATIONS OF GROWTH CONE EXTENSION AND OF GROWTH CONE SENSING OF THE ENVIRONMENT FOR TARGET-SPECIFIC ADHESION DECISIONS. STUDIES MAY:

- Examine differential axonal adhesivity to extracellular matrix components, gradients of diffusible substances (e.g., nerve growth factor), embryonic electric fields, or already differentiated neurons as axonal guidance factors.

- Determine guidance factors for pioneer axons and growth cones and examine cell surface antigens in axon bundling (fasciculation) during the axonal guidance process.

- Investigate the developmental regulation of cell surface antigens, and relate antigen gene expression to ontogenetic regulation of extracellular matrix components.

- Study growth cone receptors for extracellular matrix components (laminin, fibronectin) or diffusible substances that promote axonal outgrowth.

- Study developmental expression of intracellular proteins, and regulation of genes associated with axonal outgrowth and growth cone extension towards target tissue and analyze expression of neuronal recognition molecules in terms of specificity of target selection.

STUDY OF THE DEVELOPMENTAL FORMATION OF SYNAPTIC CONNECTIONS HAS MAINLY EXAMINED CELLULAR CHARACTERISTICS AND HAS SUGGESTED MUTUAL INTERACTIVE INFLUENCES OF AXONS AND TARGET TISSUE IN THE ESTABLISHMENT, MAINTENANCE, AND REARRANGEMENT OF SYNAPTIC CONNECTIONS. CHARACTERIZATION OF THE MOLECULAR COMPONENTS IN THIS PROCESS IS REQUIRED. STUDIES MAY:

- Examine the molecular components (cell surface molecules) contributing to synapse formation, maintenance, and rearrangement in the developing nervous system.

- Examine postsynaptic synthesis of receptors and other proteins in response to axonal influence.

- Study trophic effects of target derived synaptic factors on axons, (analyze factor's receptors on presynaptic cells).

- Analyze the role of basal lamina components in the formation of interneuronal and neuron-target connections and examine the genes and developmental regulation of molecular components--cell surface antigens, extracellular matrix components, trophic factors, and receptors.

- Analyze the regulation of neurotransmitter expression by influences in the embryonic environment and the plasticity of neurotransmitter synthesis during development.

MECHANISM OF SUPPORT

Support for this program is through the regular research project grant-in-aid. Each successful applicant will plan, direct, and carry out the individual research project.

APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 (Revised 9/86) following instructions contained in the application kit. Application kits are available from most institutional business offices, or may be obtained from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building - Room 449
Bethesda, Maryland 20892

Applications must be responsive to the program announcement and the goals of NICHD and NINCDS. They will be judged on scientific merit and program relevance in accordance with NIH policy and procedures involving peer review. An initial review will be made by the appropriate study section of the Division of Research Grants. A second level of review will be made by the National Advisory Child Health and Human Development Council or by the National Advisory Neurological and Communicative Disorders and Stroke Council depending on Institute assignment of the application. Assignments will be based on Division of Research Grant referral guidelines.

Deadline dates for the receipt of applications are:
February 1 June 1 October 1

The phrase "PREPARED IN RESPONSE TO NICHD AND NINCDS PROGRAM ANNOUNCEMENT FOR RESEARCH ON MOLECULAR AND DEVELOPMENTAL NEUROBIOLOGY" should be typed on line 2 of the (face) page of the application. The original and six copies of the application should be mailed to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892-4500**

Inquiries may be directed to:

Delbert Dayton, M.D., Chief
Genetics & Teratology Branch
Center for Research for
Mothers and Children
NICHD-NIH
Landow Building-Room 7C08
Bethesda, Maryland 20892
Telephone (301) 496-5541

Joseph S. Drage, M.D., Chief
Developmental Neurology Branch
Division of Convulsive,
Developmental, Neuromuscular
Diseases, NINCDS-NIH
Federal Building-Room 816
Bethesda, Maryland 20892
Telephone (301) 496-6701

This program is described in the Catalog of Federal Domestic Assistance No. 13.854, Biological Basis Research in the Neurosciences and Communicative Sciences and No. 13.865, Research for Mothers and Children. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to review by a Health Systems Agency.

SUPPORT OF RESEARCH CENTER GRANTS

P.T. 04; K.W. 0710030, 0710100, 0785015, 0715210, 1002019

National Institute of General Medical Sciences

The National Institute of General Medical Sciences (NIGMS) accepts center grant applications only in the research areas listed below. This announcement is notification that the guidelines for center grant applications have been revised. Before preparing an application, applicants should obtain the complete instructions for preparing center grant applications from the appropriate individual named below.

The purpose of NIGMS research center grants is to promote the application of basic research findings to clinical problems and to allow scientific progress that would not take place through, or would only be made more slowly by, interrelated research projects that focus on a biomedical research problem within one of the specified fields.

Deadlines for receipt of center grant applications are February 1, June 1, and October 1.

NOTE: NIGMS IMPOSES A DOLLAR LIMIT ON APPLICATIONS FOR CENTER GRANTS. THE CURRENT LIMIT IS $3,500,000 DIRECT COSTS OVER A 5-YEAR PERIOD. UNDER CERTAIN CIRCUMSTANCES, ADDITIONAL FUNDS MAY BE PROVIDED FOR MAJOR PIECES OF EQUIPMENT.

The areas in which NIGMS accepts research center grant applications, and the officials to contact for instructions and further information are:

Pharmacological Sciences:
Dr. Christine Carrico -- (301) 496-7707

Anesthesiology:
Dr. Paul Velletri -- (301) 496-7707

Trauma and Burn Research:
Dr. Lee Van Lenten -- (301) 496-7001

Genetics:
Dr. Judith Greenberg -- (301) 496-7175

For general information, applicants may contact
Dr. Elke Jordan -- (301) 496-7061

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816

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NIH GUIDE

For Grants and Contracts

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National Institutes of Health
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Bethesda, Maryland 20892

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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VOL. 16, NO. 33 - OCTOBER 2, 1987

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NOTICES

REPRODUCIBILITY OF PAGES IN APPLICATION FORM PHS 398 WITH ORANGE PRINT

P.T. 34: K.W. 1014002

National Institutes of Health

In the new edition of the Application for Public Health Service Grant Form PHS 398, revised 9/86, the original form pages are printed using orange ink. Orange print is transparent to optical scanning systems and therefore this color print was chosen because the ability to automatically transfer information into the NIH computer will be important to NIH in the future. It was recently learned, however, that this color is not reproduced by some duplicating machines and especially machines in which the toner is not fresh.

Applicants are reminded of the importance of submitting legible copies of the application. An application may be considered incomplete and returned if the original and all copies are not legible.

PHS 398 MISCONDUCT IN SCIENCE ASSURANCE

P.T. 34; K.W. 0710030, 1014002

National Institutes of Health

Applicant organizatons should note that a new assurance related to misconduct in science has been added to the Public Health Service grant application form 398 (rev.9/86). This assurance is required under section 493 of the PHS Act as amended by P.L. 99-158, the "Health Research Extension Act". That statute requires the Department of Health and Human Services (DHHS) to issue regulations requiring applicant organizations to establish an administrative process for reviewing reports of scientific fraud and to report to the Secretary any investigation of alleged scientific fraud that appears substantial.

PHS expects to publish a notice of Proposed Rulemaking (NPRM) implementing this requirement in the near future. It is important to note that the legislation does not require, and PHS does not intend to require, agency approval of institutional procedures, nor is it intended that the regulations will spell out in detail the administrative requirements for institutional procedures. Thus it would be quite appropriate for you to check "yes" if your institution has procedures in place now. However, applicants will not be required to provide this certification until the regulation becomes final. Future announcements in the GUIDE will note the dates of the proposed and final regulations.

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

PRODUCTION AND DELIVERY OF SCHISTOSOMA MANSONI

RFP AVAILABLE: NIH-NIAID-IRP-88-17

P.T. 34; K.W. 0780000, 1002002

National Institute of Allergy and Infectious Diseases

The National Institute of Allergy and Infectious Diseases has a requirement for the production and delivery of adult worms and cercariae of Schistosoma mansoni. The successful offeror must be able to deliver worms and cercariae to the NIH within on hour after they have been harvested. Approximately 10,500 mature S. mansoni shall be required each week. When different isolates are requested at the same time, the total number of worms and/or mice perfused per week for the worms will not exceed 10,500 worms or the number of mice needed to obtain 10,500 adult worms (100 mice).

Approximately 1,000,000 cercariae shall be required each week. Cercariae must be live upon receipt. A fixed- priced award is contemplated. It is anticipated that this contract will be awarded for one year with 2 one-year options to continue the contract. Any contract awarded will be subject to DHHS regulations regarding the use of animals in research. Any responsible source may submit a proposal which will be considered by the Government.

RFP NIH-NIAID-IRP-88-17 will be available on October 19, 1987. Proposals will be due by close of business November 30, 1987.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office below.

Ms. Rosemary L. McCabe
National Institute of Allergy and Infectious Diseases
5333 Westbard Avenue, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

CONFERENCE AND SUPPORT SERVICES FOR THE NATIONAL ADVISORY BOARDS AND COMMITTEES

RFP AVAILABLE: NIH-NIDDK-87-14

P.T. 01; K.W. 1014002, 0780000

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is seeking an organization to provide logistical and technical support for the National Diabetes Advisory Board, National Digestive Diseases Advisory Board, and the National Kidney and Urologic Diseases Advisory Board in carrying out their mandated functions which include the formulation of national plans for research and public health policy, the convening of related workshops and conferences, the collection and analysis of data, the preparation of their annual reports for the Secretary, Department of Health and Human Services (DHHS), and the presentation of recommendations to the Congress and the Heads of other agencies.

This acquisition is under a 100 percent Small Business Set-Aside.

This Request for Proposals, RFP No. NIH-NIDDK-87-14, will be issued on or about October 8, 1987, with a closing date set for December 18, 1987. It is expected that the contract will have a five-year period of performance. To receive a copy of this RFP, please supply this office with two self-addressed mailing labels and cite the RFP number referenced above. Requests must be in writing and addressed to:

Shirley A. Shores
Contracts Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 602
Bethesda, Maryland 20892

Telephone requests will not be honored. A reasonable number of the RFPs has been prepared and will be issued on an as-available basis.

This advertisement does not commit the Government to make an award.

COOPERATIVE AGREEMENTS FOR PREVENTION CLINICAL TRIALS UTILIZING INTERMEDIATE ENDPOINTS AND THEIR MODULATION BY CHEMOPREVENTIVE AGENTS

RFA AVAILABLE: 88-CA-01

Division of Cancer Prevention and Control

National Cancer Institute

P.T. 34; K.W. 0755015, 0740015, 0715035, 0745055, 0710095

Application Receipt Date: December 10, 1987

The Division of Cancer Prevention and Control (DCPC), National Cancer Institute (NCI), invites applications for cooperative agreements to support clinical trials which are directed toward examining the role of various chemopreventive agents and/or diet in the prevention of cancer. This is a follow-up to earlier RFAs which had requested grants, and then later, cooperative agreement proposals in this area.

The major objective of this solicitation is to encourage cancer chemoprevention clinical trials which utilize biochemical and biological markers to identify populations at risk and/or to provide intermediate endpoints that may predict later reduction in cancer incidence rates.

These studies may be developed in phases, including a pilot phase, which could later proceed to a full scale intervention. The main emphasis should be on small, efficient studies aimed at improving future research designs of chemoprevention trials, providing biologic understanding of what is happening in the trials, or providing better, more quantitative and more efficient endpoints for these trials. After successful completion of the pilot phase; (i.e. demonstrated modulation of marker endpoints by the intervention), subsequent studies can include Phase III clinical trials involving the designated agent, the utilization of the monitoring test system and a cancer incidence or mortality endpoint may be implemented.

Investigators may apply at this time for the pilot phase, or submit an application for both phases. However, if the application is for the pilot phase only, the proposed study must be relevant to a clinical application and utilize a chemopreventive agent, marker test system, and study population which could later be the subject of a full scale, double-blind, randomized, risk reduction, clinical trial.

Applicants funded under this RFA will be supported through the cooperative agreement mechanism. An assistance relationship will exist between NCI and the awardees to accomplish the purpose of the activity. The recipients will have primary responsibility for the development and performance of the activity. However, there will be government involvement with regard to (1) assistance securing an Investigational New Drug (IND) approval from the Food and Drug Administration (FDA), (2) monitoring of safety and toxicity and, (3) coordination and assistance in obtaining the chemopreventive agent, (4) quality assurance with regard to the clinical chemistry aspects of the study. Awards will not be made until all arrangements for obtaining the IND, agent, and its delivery are completed. Final awards will also consider not only the cost of the clinical trial but also the cost of the agent and its formulation if necessary. This RFA solicitation represents a single competition, with a specified deadline December 10, 1987, for receipt of applications. All applications received in response to the RFA will be reviewed by the same National Cancer Institute Initial Review Group (IRG). The intent is to fund four to six projects of high scientific merit.

To ensure their review, applications should be received by December 10, 1987. Applications received after that date will not be considered under this RFA.

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review.

Inquiries may be directed to:

Andrew J. Vargosko, Ph.D. or
Marjorie Perloff, M.D.
Chemoprevention Branch
Blair Building - Room 616
National Cancer Institute
Bethesda, MD 20892-4200
Telephone: (301) 427-8680

ISCHEMIA-REPERFUSION INJURY IN THE LUNG

RFA AVAILABLE: 88-HL-2-L

P.T. 34; K.W. 0715165, 0765035

National Heart, Lung, and Blood Institute

Application Receipt Date: March 15, 1988

The Division of Lung Diseases invites grant applications for support of research on studies aimed at understanding the mechanisms of ischemia-reperfusion injury in the lung. The primary objective of this program is to encourage research on the pathophysiology and pathogenesis of ischemia-reperfusion injury in the lungs and to develop interventions which can protect the lungs from such injury. Applications received in response to this request will be considered for a single competition.

BACKGROUND

Responses of several organs, including the heart, kidneys, and intestine, to reperfusion following periods of reduced or absent blood flow have been studied in some detail. The delineation of the physiologic, pathologic, and biochemical aspects of the response has produced innovative pathogenetic concepts and led to identification of pharmacologic interventions which have promise in prevention of ischemia-reperfusion injury. Ischemia-reperfusion injury has also been described in the lungs, but the pathogenetic mechanisms have not been defined. The relative susceptibility of the many different cell types in the lung to this response has not been determined and the pathophysiology of the injury is not well-defined. Neither is there information relating specific cellular responses to alterations in lung function. Many forms of acute lung injury appear to involve both humoral and cellular components of the inflammatory response, but these systems have not been investigated relative to reperfusion injury in the lungs.

OBJECTIVES AND SCOPE

The primary objectives of this program are to encourage studies which will define the pathophysiology and pathogenesis of ischemia-reperfusion injury in the lungs, to determine the cellular and biochemical mechanisms involved in reperfusion injury, and to develop interventions with potential for use in humans which can prevent reperfusion injury. Applicants should clearly define the rationale, background, and specific aims of the proposed studies and relate them to the problem of ischemia-reperfusion injury in the lung.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional, individual research grant. All current policies and requirements that govern the research grant programs of the National Institutes of Health will apply to grants awarded under this RFA. Applications must be received by March 15, 1988. An application not received by this date will be considered ineligible. Awards will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service Policy governing such awards. It is anticipated that five grants will be awarded under this program.

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review.

REVIEW PROCEDURES

All applications submitted in response to this RFA will be evaluated for scientific and technical merit by an initial review group, which will be convened for this purpose, by the Division of Extramural Affairs, NHLBI.

METHOD OF APPLYING

Prospective applicants are asked to submit a letter of intent and include the names of any other participating institutions or investigators. This letter should be received no later than January 15, 1988. Requests for copies of this announcement may be directed to:

Carol E. Vreim, Ph.D.
Interstitial Lung Diseases Branch
Division of Lung Diseases, NHLBI
National Institutes of Health
Westwood Building, Room 6A09
Bethesda, Maryland 20892
Telephone: (301) 496-7034

BASIC BIOLOGY OF CARDIAC DEVELOPMENT

RFA AVAILABLE: 88-HL-4-H

P.T. 34; K.W. 0705015, 0715040, 0755030, 1002059, 0775015, 0710050

National Heart, Lung and Blood Institute

Application Receipt Date: April 12, 1988

The Division of Heart and Vascular Diseases of the National Heart, Lung and Blood Institute invites grant applications to be considered in a single

competition for support of fundamental studies of cardiac development. The emphasis of this program is on growth and functional maturation of the heart during and following the period of septation up until birth.

BACKGROUND

Current research on cardiac development is mostly oriented toward understanding of the processes of cell migration, proliferation and differentiation, and of the mechanisms of assembly into tissue. There is a paucity of research on functional development, particularly during and following septation. Knowledge is needed regarding the conduction system and the establishment of intercellular communication, the coordination of electrical and contractile events, the development of the coronary circulation, innervation of the heart and other processes of growth and maturation prior to birth. Little is known about how perturbations of these developmental processes contribute to congenital cardiac defects and dysfunction.

OBJECTIVES AND SCOPE

The overall goal is to develop knowledge which will contribute to understanding of the etiology, diagnosis, treatment and prevention of congenital heart disease. The research solicited in this RFA concerns the developmental events occurring during and after septation and mechanisms whereby perturbations of these events can lead to congenital heart disease. Of special interest are investigations correlating structural development and growth with physiologic function. Applications should not include human studies.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional, individual research grant. All current policies and requirements that govern the research grant programs of the National Institutes of Health will apply to grants awarded under this RFA. Awards will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards. It is anticipated that approximately eight grants will be awarded under this program.

REVIEW PROCEDURES

All applications submitted in response to this RFA will be evaluated for scientific and technical merit by an initial review group, which will be convened for this purpose, by the Division of Extramural Affairs, NHLBI.

METHOD OF APPLYING

Potential applicants should write or phone the individual listed below for the full RFA document, which includes instructions for the submission of applications:

Constance Weinstein, Ph.D.
Deputy Chief, Cardiac Diseases Branch, DHVD
National Heart, Lung and Blood Institute, NIH
Federal Building, Room 3C06
7550 Wisconsin Avenue
Bethesda, MD 20892
Telephone: (301) 496-1081

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review.

IMMORTALIZED CELLS FOR CYSTIC FIBROSIS RESEARCH

RFA AVAILABLE: 88-HL-3-L

P.T. 34; K.W. 0780005, 0715165, 1002004, 1002008, 1003002, 0710070

National Heart, Lung, and Blood Institute
National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: March 15, 1988

The Division of Lung Diseases of the National Heart, Lung, and Blood Institute and the Division of Diabetes, Endocrinology, and Metabolic Diseases of the

National Institute of Diabetes and Digestive and Kidney Diseases invite grant applications to be considered in a single competition for support of research on the development of immortalized human cystic fibrosis cell lines (primarily, of epithelial derivation) capable of maintaining the differentiated cystic fibrosis phenotype. It is anticipated that this program will also lead to the development of new and/or improved assays of screening for the presence of the cystic fibrosis phenotype, as well as improved methodologies for routinely growing and passaging cystic fibrosis cells.

Among the disciplines and expertise that may be appropriate for this research program are molecular biology, cell biology, immunology, biochemistry, physiology, and pulmonary medicine.

The NIHLBI plans to fund approximately eight grants dealing primarily with CF lung cells and NIDDK plans to fund approximately four grants for studies employing sweat duct epithelial cells or other non-pulmonary CF cells.

Applications should be prepared and submitted in accordance with the objectives and requirements described in the full RFA, available from the following NIH staff:

Susan P. Banks-Schlegel, Ph.D.
Airways Diseases Branch
Division of Lung Diseases
National Heart, Lung, and Blood Institute
Westwood Building, Room 6A15
National Institutes of Health
Bethesda, Maryland 20892

Nancy Lamontagne, Ph.D.
Endocrine and Metabolic Diseases Programs Branch
Division of Diabetes, Endocrinology and Metabolic Diseases
National Institute of Diabetes and
Digestive and Kidney Diseases
Westwood Building, Room 607
National Institutes of Health
Bethesda, Maryland 20892

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review.

Awards in response to this announcement will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards.

AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

RFA AVAILABLE: 88-DK-01

P.T. 34; K.W. 0785095, 0710030, 0765035, 1003002, 1002004, 1002017, 1002019

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: January 15, 1988

The Division of Kidney, Urologic and Hematologic Diseases (DKUHD) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announces the availability of a Request for Applications (RFA) on the above subject.

BACKGROUND

Autosomal dominant polycystic kidney disease (ADPKD) is a leading cause of kidney failure in the United States. It affects 500,000 American citizens, comprises 8-10 percent of end stage renal disease (ESRD) and costs Medicare in excess of $200 million annually for dialysis treatment and/or transplantion. A group of Oxford investigators reported in 1985 that chromosome 16 carries the defective gene responsible for ADPKD. Identification of the exact location and precise character of the gene thus became the major goal, in order that further inroads can be made in determining pathogenesis and establishing therapy for the disease. Given the sophisticated research technologies that currently are available and with application of emerging knowledge, it is anticipated that the aberrant gene can be identified within the next 2-3 years.

RESEARCH GOALS AND SCOPE

This special grant program will support both fundamental and clinical research on the etiology, prevention and treatment of ADPKD. An emphasis of this initiative is to foster extensive collaboration between individuals in the basic sciences, including biochemistry, cell biology, embryology, endocrinology, epidemiology, genetics, molecular biology, pathology, pharmacology and renal physiology/pathophysiology. It is the intent of this solicitation to engage investigators with diverse research interests but who wish to apply their technologies and expertise in elucidating and extending the current understanding of the cause and pathogenesis of ADPKD.

MECHANISM OF SUPPORT

Support for this program will be through the grant-in-aid and will be governed by the current policies of grant programs of the National Institutes of Health. New applications may be submitted for traditional, individual research-project grants (R01s) only. Although plans for Fiscal Year 1988 include $2.0 million for the total (direct and indirect) costs of this program, the funding of applications submitted in response to this RFA is contingent on the actual availability of funds and receipt of applications deemed worthy of support by the accepted NIH peer review procedure. It is anticipated that 10-12 awards will be made, for up to five years, under this program. The specific amount to be funded will depend on the merit and scope of the applications received. Furthermore, since a variety of approaches would represent valid responses to this announcement, it is anticipated that there will be a range of costs among individual awards.

REVIEW PROCESS

Applications in response to this RFA will be reviewed for scientific and technical merit by an initial review group which will be convened by the Division of Extramural Activities, NIDDK, solely to review these applications. Upon receipt, applications will be evaluated for their responsiveness to the objectives of this RFA. If an application is judged unresponsive at this stage, the applicant will be contacted and given an opportunity to withdraw the application or to have it considered for the regular research grant program of the NIH. Should the proposal submitted in response to the RFA be substantially similar to a research application already under consideration by the NIH, the applicant will be asked to withdraw either application. Simultaneous submission of identical applications will not be allowed.

Funding decisions will be based on Initial Review Group and the National Diabetes and Digestive and Kidney Diseases Advisory Council recommendations and relevance to the Objectives and Scope of the RFA. Applicants should request a start date of September 30, 1988.

For further information and copies of the complete RFA, please contact:

M. J. Scherbenske, Ph.D.
Renal Physiology/Pathophysiology Program Director
DKUHD/NIDDK
Westwood Building, Room 621
Bethesda, Maryland 20892
Telephone: (301) 496-7458

Applications must be submitted using Form 398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

MINORITY TRAVEL AWARD PROGRAM

P.T. 42, 48, FF; K.W. 0710030

National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Arthritis and Musculoskeletal and Skin Diseases

DESCRIPTION

The Minority Travel Award Program (MTAP) provides support for minority students and faculty members of minority institutions to allow them to attend national scientific meetings.

Any NIDDK/NIAMS grantee wishing to include travel funds for minority students and/or faculty may submit a supplemental grant application for this purpose. Minority students may be from any domestic institution. Faculty must be from a minority institution. Approved applications will be funded as supplements to active grants. Such grants include individual projects (R01, R29, R37), program projects (P01), and center grants (P30, P50, P60).

OBJECTIVES

The MTAP is a component of the overall NIDDK/NIAMS program to strengthen biomedical research and training in institutions with significant commitments to minorities and to increase the awareness and participation of minority scientists in biomedical research. The MTAP supports minority students and faculty from minority institutions to accompany principal investigators currently funded by NIDDK/NIAMS grants to scientific meetings. The MTAP is targeted at minority students at various stages of academic development and at faculty at minority institutions who have not been supported on NIH regular research grants. The MTAP is intended to enhance awareness of biomedical research opportunities and to influence more minority students/faculty to become interested and involved in research and research training.

DEFINITIONS, ELIGIBILITY AND TERMS OF AWARD

1 Minority Institution

A minority institution is defined as a medical or non-medical college, university, or equivalent school in which students of underrepresented minorities (including, but not limited to Blacks, Hispanics, American Indians, and Asian and Pacific Islanders) comprise the majority or significant proportion of the school enrollment and which has a commitment to the special encouragement of minority faculty, students, and investigators.

2 Minority Student

A minority student is defined as anyone of the underrepresented minorities, as defined above, at any stage of academic achievement (including, but not limited to undergraduate, predoctoral, and postdoctoral students).

3 Minority Faculty

A minority faculty is defined as a full-time faculty member of a minority institution who is interested or engaged in biomedical research. The minority investigator should not have been a principal investigator on any traditional grant mechanism from NIH. This does not exclude from candidacy minority faculty who have been supported by the NIH Minority Biomedical Research Support (MBRS) Program or the Minority Access to Research Careers (MARC) Program.

4 Principal Investigator

All principal investigators of active NIDDK/NIAMS grants are eligible to submit supplemental applications on behalf of a minority student and/or faculty member. Principal investigators are expected to serve as a guide or mentor for the student or faculty member while at the scientific meeting.

5 Travel Funds

Funds requested in the supplemental application are intended to support the minority student and/or faculty member while accompanying the principal investigator or other senior investigator to a national scientific meeting. Travel funds can include air and ground transportation, a per diem allowance, and registration fees associated with the meeting.

6 Scientific Meeting

A scientific meeting in the context of this program is defined as any national scientific meeting of a specialty nature related to the interests of NIDDK and NIAMS.

7 Other Considerations

In general, applications and awards are limited to travel to one meeting per student and/or minority faculty member per year. Supplemental applications should be submitted for a duration to coincide with the end of the appropriate budget period. An amount not to exceed $1,000 travel expenses per individual may be requested. The specific dollar amount requested should be justified in the application. If circumstances indicate that these limitations should be exceeded, a special justification should be included in the application.

8 Travel Report

In order to properly evaluate the effectiveness of this program, the minority student or faculty member is requested to prepare a brief report for submission through the principal investigator to the NIDDK/NIAMS Program Director, which is due 30 days after returning from a meeting. The report should include but not be limited to the following elements:

Name, location, and general indication of the type of meeting and subject matter covered.

A listing of papers and symposia of special interest.

Tangible and intangible benefits derived from attendance.

Suggestions for improvement of the MTAP to make the meeting experience more rewarding for the individual and his/her biomedical research goals.

PROJECT EVALUATION AND REVIEW CRITERIA

Applications submitted in response to this announcement will be reviewed for eligibility by the NIDDK/NIAMS Minority Affairs Advisory Committee, a staff committee of intramural and extramural scientists, using the following criteria:

1 For Minority Students:

Completion of the sophomore year in college, or enrollment in a predoctoral program (exceptions will be considered if justification is furnished);

Overall grade point average of at least 3.0 on a 4.0 scale;

Recommendation from one science faculty member or researcher other than principal investigator;

Completion of a brief written statement of interest in attending the meeting, benefits to be derived, and long-range professional plans.

2 For Faculty at Minority Institutions:

Provision of an up-to-date resume;

A written statement indicating research interests and benefits to be derived by attendance at the meeting;

Two letters of recommendation from the institution, including the Dean or Department Chairperson.

FUNDING

Successful applications will be funded as administrative supplements to the NIDDK/NIAMS investigator's grant. Funds awarded under this program are for the sole purpose of facilitating participation of minority students and faculty as described above.

HOW TO APPLY

All potential applicants are encouraged to contact the NIDDK/NIAMS Division of Extramural Activities at (301) 496-7277 prior to preparing an application.

The principal investigator must submit a supplemental grant application through his/her institution on the standard PHS 398 (Rev. 9/86), and should include only the following: (1) face page--item 2 should give the grant number of the active grant and specifically state "Minority Travel Award Program;" (2) budget page; (3) complete curriculum vitae; and (4) information addressing the review criteria described in a previous section.

Applications may be submitted at any time; however for a more expeditious review, they should be submitted no later than the 15th of any month.

The original and 5 copies of the application should be sent to:

Division of Extramural Activities
NIDDK/NIAMS/NIH
Westwood Building, Room 657
Bethesda, MD 20892**
Telephone: (301) 496-7277

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816

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NIH GUIDE

For Grants and Contracts

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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VOL. 16, NO.34 - OCTOBER 16, 1987
SPECIAL CENTENNIAL EDITION

A CENTURY OF SCIENCE FOR HEALTH 1887 1987 NATIONAL INSTITUTES OF HEALTH

SPECIAL CENTENNIAL EDITION

Vol. 16, No. 34, October 16, 1987

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NOTICE OF MEETING--THE HEALTH OF BIOMEDICAL RESEARCH INSTITUTIONS

P.T. 42; K.W. 1014002, 0710030

National Institutes of Health

Notice is hereby given that the National Institutes of Health (NIH) will hold the third and fourth meetings of a series of seven regional public briefing meetings to be conducted under the auspices of the Advisory Committee to the Director, NIH, on "The Health of Biomedical Research Institutions." The purpose of the meetings is two-fold:

1 to provide current information concerning the activities of the NIH by describing the broad political context in which the NIH operates, discussing the Federal budget process as it affects the formulation of the NIH budget, demonstrating recent trends in the funding of NIH programs, discussing the broad strategies adopted by NIH to meet emerging needs, and describing new NIH policies and programs designed to achieve program objectives; and

2 to solicit through public testimony the views of biomedical researchers, university faculty and administrators, representatives of professional societies, and other interested parties concerning the impact of the Federal system of sponsored research on the health of biomedical research institutions.

The third meeting will be held on Thursday, December 3, 1987 from 8:30 a.m. to 5:00 p.m. at New York University, New York. The fourth will be held on December 4, 1987 from 8:30 a.m. to 5:00 p.m. at the Forsyth Dental Center, Boston, Massachusetts. Notice of the time and location of additional meetings will be published later.

Following presentations by the Director, NIH, and his senior staff, a panel comprised of members of the Advisory Committee to the Director, NIH, representatives of NIH national advisory councils, and senior NIH staff will spend the remainder of the day receiving testimony from public witnesses. Each witness will be limited to a maximum of ten minutes. Attendance and the number of presentations will be limited to the time and space available. Consequently, all individuals wishing to attend or to present a statement at this public meeting should notify, in writing:

Jay Moskowitz, Ph.D.
Executive Secretary
Advisory Committee to the Director, NIH
National Institutes of Health
Shannon Building, Room 137
Bethesda, MD 20892
Telephone: (301) 496-3152

Those planning to make a presentation should file a one-page summary of their remarks with Dr. Moskowitz by October 30, 1987; a copy of the full text of these remarks should be submitted for the record at the time of the meeting. Please indicate which of the two meetings you plan to attend. Additional information may be obtained by calling:

Mr. Edward Lynch
Division of Program Analysis
Office of Program Planning and Evaluation
National Institutes of Health
Shannon Building, Room 235
Bethesda, MD 20892
Telephone: (301) 496-1454

NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 1014002, 0201011, 1014003

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: December 10-11, 1987

Location: Charlottesville, Virginia

Contact:

Miss Kelly Crank
University of Virginia
Medical School, Box 325
Charlottesville, Virginia 22908
Telephone: (804) 924-960909

Date: January 28-29, 1988

Location: Albuquerque, New Mexico

Contact:

Ms. Rynda Gibbs
University of New Mexico School of Medicine
Continuing Medical Education
815 Vassar N.E.
Albuquerque, New Mexico 87131
Telephone: (505) 277-3942

Other workshops are being planned and will be announced in future issues of the NIH Guide for Grants and Contracts.

For additional information contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office of Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFAs AND RFPs AVAILABLE)

A CLINICAL TRIAL FOR THE USE OF MONOCLONAL ANTIBODIES IN THE PREVENTION OF KIDNEY GRAFT REJECTION

RFP AVAILABLE: NIH-NIAID-IAIDP-88-13

P.T. 34; K.W. 0755015, 0745065, 0745040, 0710125, 0760045

National Institute of Allergy and Infectious Diseases

The Genetics and Transplantation Biology Branch of the Immunology, Allergy and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) is soliciting contract proposals from organizations having the capabilities and facilities for conducting a clinical trial in the prevention of kidney graft rejection.

Offerors should have demonstrated experience in kidney transplantation and immunotherapeutic technologies as well as experience in the conduct of clinical trials. The ability to collect and analyze data relating to the efficacy of therapeutic regimens is also required.

This RFP was previously announced in the NIH Guide Vol. 16 No. 28, August 14,1987. Its original release date has been rescheduled to that shown below.

RFP-NIAID-IAIDP-88-13 will be available on or about November 2, 1987. Responses are due by January 25, 1988. This NIAID sponsored project will take approximately four years to complete. Two awards are anticipated. Any responsible organization may submit a proposal which will be considered by the Government. To receive a copy of this RFP, please supply the office listed below with two self-addressed mailing labels.

Telephone inquiries will not be honored and all inquiries must be written and addressed to the office listed below.

Your request should be mailed to:

Ms. Rosemary L. McCabe
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5333 Westwood Building, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

CENTERS FOR THE STUDY OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

RFA AVAILABLE: 88-HL-07-P

P.T. 04, FE; K.W. 0715040, 0411005

National Heart, Lung, and Blood Institute

Application Receipt Date: February 18, 1988

The Clinical and Genetic Epidemiology Branch of the Division of Epidemiology and Clinical Applications, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA, Cooperative Agreement) on the above subject. Copies of the RFA will be available October 9, 1987 from staff of the NHLBI. Note that awards will not be made to foreign institutions.

This program will support epidemiologic investigators and supporting staff to collaboratively plan and execute a study to assess the morbidity and mortality attributable to cardiovascular disease and the distribution of cardiovascular disease risk factors among American Indians. A major aim of the study is to employ a common protocol to identify and describe cardiovascular disease and its associated risk factors in Indian populations from different geographic locations to acquire data from Indians of different migratory origin or linguistic groups. Coordinating center, core laboratory and electrocardiogram reading center functions will be included within one or more clinical study centers. Interested institutions may request copies of the RFA. It is anticipated that up to four grants will be awarded.

Requests for copies of the RFA should be addressed to:

Peter J. Savage, M.D
Clinical and Genetic Epidemiology Branch
Division of Epidemiology and Clinical Applications
National Heart, Lung and Blood Institute
Federal Building, Room 300
7550 Wisconsin Ave.
Bethesda, MD 20897
Telephone: (301) 496-4333

PROGRAMS OF EXCELLENCE FOR BASIC RESEARCH ON AIDS

RFA AVAILABLE: 88-AI-01

P.T. 34; K.W. 0715120, 0715125, 0710070, 1002045, 1002004, 1002008

National Institute of Allergy and Infectious Diseases

Letter of Intent Date: November 15, 1987
Application Receipt Date: February 17, 1988

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for the establishment of "PROGRAMS OF EXCELLENCE FOR BASIC RESEARCH ON AIDS" (PEBRA).

PURPOSE

The purpose of this RFA is to support basic research programs addressing questions on the pathogenesis of AIDS and its related opportunistic infections by using approaches from immunology, virology, cell biology or molecular biology. By increased understanding in these areas, more rational studies for the diagnosis, treatment and prevention of AIDS can also be designed. The PEBRA Program will be supported through the Cooperative Agreement assistance mechanism to encourage scientists and physicians with interests in AIDS research to participate in solving problems related to AIDS.

As envisioned, PEBRAs should have the capacity to generate new approaches and strategies to answer key questions leading to improved understanding of the processes of the immune system and infectious disease in AIDS. PEBRAs can be focused in one area such as virology, immunology or infectious diseases associated with AIDS, or they may be multidisciplinary in composition. In addition, the PEBRA must facilitate creative interactive research activities between members of the group and not merely be a collection of individual R01 applications. The degree of interaction can be, but should not be limited to: a) multi disciplinary research efforts; b) sharing of facilities and equipment; and c) seminars which involve all Project Leaders of a PEBRA.

The NIAID has a broadly based contract and collaborative research portfolio related to virology and immunology. In addition, the AIDS Program has initiated several cooperative multidisciplinary, multi-institutional research programs for AIDS. THE NATIONAL COOPERATIVE DRUG DISCOVERY GROUPS FOR THE TREATMENT OF AIDS, THE NATIONAL VACCINE DEVELOPMENT GROUPS and THE AIDS CLINICAL STUDIES GROUPS are examples of these Cooperative Agreement Programs. AIDS Program staff will interact with PEBRAs and other Cooperative Agreement programs to assist in the development of their research programs as they relate to AIDS and to facilitate the interactions between these Cooperative Agreement Programs.

MECHANISM OF SUPPORT

The PROGRAMS OF EXCELLENCE FOR BASIC RESEARCH ON AIDS (PEBRA) will enable scientists in various fields of research to interact, with NIAID Support, as a unit, to carry out the basic research essential for the realization of the PEBRA objectives. PEBRA could be composed of scientists from academic, nonprofit and for-profit research institutions, and commercial organizations.

Grant awards will be made as COOPERATIVE AGREEMENTS. Assistance via Cooperative Agreement differs from the research grant in that the Government component (NIAID) awarding the Cooperative Agreement anticipates substantial involvement during performance of the award. There is no intent, real or implied, for NIH staff to direct group activities or to limit the freedom of investigators. The interaction of academic research institutions with NIAID staff is expected to assist and facilitate the efforts within the PEBRA.

NIAID intends to make six to eight awards as a result of this RFA. The starting date for the initial annual period will be on or before September 1988.

When the applicant institution is outside the United States, awards will be limited to three years. Domestic applicants, including those with foreign components, may request funding for up to five years.

METHOD OF APPLYING

The regular research grant application Form PHS-398 (rev. 9/86) must be used in applying. These forms are available at most institutional business offices or from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, 5333 Westbard Avenue, Bethesda, Maryland 20892. Affix the RFA label provided in the revised PHS-398. Failure to do so could result in delayed processing of the application such that it may not reach the review committee in time for review.

INQUIRIES

Inquiries regarding the full RFA may be addressed to Dr. Padarathsingh.

Martin Padarathsingh, Ph.D.
Chief, Pathogenesis Branch
AIDS Program
NIAID, NIH
Westwood Building, Room 7A-04
Bethesda, MD 20892

RESEARCH CENTERS ON ORAL HEALTH IN AGING

RFA AVAILABLE: 88-DE-01

P.T. 04, CC; K.W. 0710010, 0745050, 0710030, 1002027, 0710070, 0765035, 0755030

National Institute of Dental Research
National Institute on Aging
Veterans Administration

Application Receipt Date: March 15, 1988

The National Institute of Dental Research (NIDR), the National Institute on Aging (NIA) and the Veterans Administration (VA), as part of their expanding programs of research on the oral health of older Americans, invite applications for the support of research centers on oral health in aging. Each center program should consist of interrelated, multidisciplinary studies of oral health in relation to aging. The application must represent a consortium that includes a Veterans Administration institution and one or more non-VA academic and/or research institutions. Applicants should also indicate that they are prepared to submit an application for a research training program on oral health in aging during the first year of the grant award.

BACKGROUND INFORMATION

Although older individuals often have severe oral health needs, there is little information concerning the magnitude and range of these problems. Moreover, almost no research is directed towards obtaining such information or developing techniques and programs that specifically address oral health needs.

The population of older people is large and growing larger. In recognition of those epidemiological realities, the research plans of the National Institute on Aging and the National Institute of Dental Research have emphasized the importance of research on oral health in aging. Such research is, by nature, complex and multifaceted because it must reflect the variable physiologic state of aging persons, including the increased probability of systemic disease or impairment and increased use of medications.

The Veterans Administration provides medical and dental services to a large number of aging veterans, many of whom reside at or visit VA hospitals and specialized facilities, such as Geriatric Research, Education, and Clinical Centers (GRECCS). While the NIDR and the NIA encourage the submission of individual grant applications in areas of gerontologic oral health research, this RFA is specifically intended to encourage collaborative efforts, making use of the unique resources of the VA such as patient populations, databases, research instrumentation, and research and support personnel. Because VA patients are predominantly male, applicants planning research using VA patient volunteers should describe how information relevant to the oral health problems of older women will be obtained. In addition, applicants are urged to include members of minority groups in study populations, with appropriate attention to research design and sample size. If minorities and women are not included in a given study, a clear rationale for their exclusion should be provided.

A major factor in evaluating applications will be the extent to which the center program will promote advances leading to improvements in the oral health of older Americans which could not be achieved or which would be achieved more slowly, if the component projects were funded separately.

The research emphasis of individual proposals may differ depending on the expertise, resources, and interests of the applicant group. To be responsive to the intent of this RFA, the proposal must be focused on the special problems of oral health in aging, including basic and clinical research. However, unless clearly a part of a research study, clinical treatment is not to be included. In addition, each proposal should indicate the intent to submit an application for a postdoctoral research training program on oral health in aging.

ELIGIBILITY

To be eligible for a center grant under this program, the potential applicant institution must have ongoing, independently supported research and must propose new research in the area of oral health in aging.

RESEARCH OBJECTIVES

Information about research objectives can be found in the full RFA as well as in the publication, "A Research Agenda on Oral Health in the Elderly" which will be mailed to individuals requesting the full RFA.

FUNDING MECHANISM

The administrative and funding mechanism will be the research center grant (P50). Each center program is expected to include several related but multidisciplinary projects. First year budgets will be limited to $500,000 in direct costs. It is anticipated that the NIDR, the NIA, and the VA will make several awards under this centers' program.

STAFF CONTACT

Requests for copies of the full RFA should be addressed to:

Dr. Marie U. Nylen, Director
Extramural Program
National Institute of Dental Research
Westwood Building, Room 503
National Institutes of Health
Bethesda, MD 20892-4500
Telephone: (301) 496-7723

The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

CHARACTERIZATION OF THE GENOMES OF HUMANS AND MODEL ORGANISMS

RFA AVAILABLE: 88-GM-01

P.T. 34; K.W. 1002008, 1002019, 0755045

National Institute of General Medical Sciences

Application Receipt Date: January 14, 1988

The National Institute of General Medical Sciences (NIGMS) invites research grant applications for support of research projects directed toward characterizing the human genome or the genomes of model organisms. The objective is to stimulate research that will improve our ability to analyze the entire genome of an organism, with the eventual goal of applying this knowledge to the analysis of the human genome and to the prevention, diagnosis, and treatment of human disorders. It is possible that special funds will be available to support competitive research programs that further these goals. Potential applicants are strongly advised to contact NIGMS staff before submitting applications for support.

BACKGROUND

The National Institutes of Health (NIH) recently issued two program announcements entitled "New Approaches to the Analysis of Complex Genomes" and "Computer-based Representation and Analysis of Molecular Biology Data," (vol. 16, no. 18 - May 29, 1987 - pp. 9, 11). These announcements described a number of research topics related to genomic analysis that are of continuing interest to the NIH. They are referred to, in conjunction with the present Request for Applications, to re-emphasize the fact that all of the institutes at NIH, as well as NIGMS, will continue to encourage and support research on the topics described in these broad NIH announcements. Such topics include the development of methodology and technology and the analysis of both prokaryotic and eukaryotic genomes. The possibility that targeted funds may become available prompts this Request for Applications, which describes two focused research initiatives of special interest to NIGMS.

Among the tools which will be necessary for study of the human genome are a genetic map and physical maps. Most scientists now agree that a prerequisite to any major initiative to determine the complete sequence of human DNA is construction of such maps. Identification of polymorphic markers frequently spaced, perhaps every one to five centiMorgans (cM) on the human genetic map, would greatly facilitate creation of physical maps, isolation of human genes, development of tools for the diagnosis of genetic disorders, research into the organization of the human genome and, ultimately, determination of the DNA sequence of the human organism. Another crucial step in the sequence analysis of the human genome is the development of physical maps of human DNA, including both restriction maps based on the location of recognition sites for infrequently cutting restriction enzymes and a complete set of ordered, overlapping clones of human DNA.

It is also true that much of our current knowledge of genome organization and function has come from studies of model organisms. Studies in these areas, employing a number of such model organisms, are underway with support from several organizations and investigators are reminded that research on many organisms is encouraged under the broad NIH Program Announcements. NIGMS regards the genetic and physical maps, as well as the genomic DNA sequences, of several widely used model organisms--yeast, Drosophila, and mouse--to be particularly valuable research tools for understanding the organization of eukaryotic genomes, including that of the human. Research utilizing physical maps and the DNA sequences of the genomes of these, and other, model organisms will facilitate characterization of the human genome. In addition, the improvements in methodology and technology generated by such research would have many important applications.

RESEARCH GOALS

This purpose of this Request for Applications is to encourage investigators to submit applications focused on the topics described below:

o Genetic and Physical Maps of the Human Genome

The first objective of this project is to complete, as rapidly as possible, the construction of a high resolution human genetic map. Such an effort is already well under way; NIGMS support is intended to speed and facilitate the mapping effort. Applications should focus on the goal of isolating and mapping restriction fragment length polymorphisms (RFLPs) approximately every one to five cM on the human genetic map.

The second objective is to begin development of physical maps of human DNA. Applications should focus on one or more of the following: (a) the isolation of a set of ordered, overlapping clones, (b) development of a restriction map from chromosomal segments or entire chromosomes, (c) the improvement of techniques for developing these maps.

Because both of these objective represent large and complex initiatives, it is expected that several laboratories will be involved. Awardees will be expected to share information and work closely with other scientists involved in constructing the human genetic map and to make all materials derived from this work available to the scientific community and to the relevant repositories and data collections.

o Mapping and Sequencing of the Genomes of Model Organisms

Research projects which will lead to the characterization of the genomes of several model organisms are under way. Construction of the genetic and physical maps and determination of the sequences of the DNA of three of these organisms--yeast, Drosophila, and mouse--will facilitate analysis of genomes. Applications in these areas are actively being sought and collaborative projects involving several scientists are encouraged. Applications in response to this aspect of the RFA should focus on the following objectives:

- o Expansion of the genetic map, refinement of the physical map, and linkage of the genetic and physical maps of yeast, Drosophila, and mouse;
- o Determination of the DNA sequence of chromosomal segments, complete chromosomes, or the entire genomes of yeast, Drosophila, and mouse.

Utilization of DNA sequence data for the analysis and characterization of genomic information is encouraged as part of all of these proposed mapping and sequencing projects. Research to be supported under this part of the RFA is focused on these four model organisms because it is expected that progress can be made rapidly and will be of considerable benefit to the program for characterizing the human genome as well as to other basic science projects. Again, investigators are reminded that research having these objectives but using other organisms is encouraged under the broad NIH Program Announcements.

As in the case of research projects dealing with the human genome, awardees studying model organisms will be expected to share information with other scientists involved in related projects and to make all materials derived from this work available to the scientific community and to the relevant repositories and data bases.

MECHANISM OF SUPPORT

Support for this program will be through research grants, including project grants (R01) and program projects (P01). Applications submitted by collaborating investigators from more than one institution can be supported by consortium arrangements. Policies that govern research grant programs of the NIH apply to this program.

The total amount of support of grants under this RFA is contingent upon the appropriation of funds for this purpose. The number of awards will be determined by the merit of the proposals and by their relevance to program goals, as well as by the availability of funds. It is anticipated that in fiscal year 1988 up to five million dollars will be allocated to the research initiatives described in this RFA. This amount may be increased if a large number of highly meritorious applications are received and if funds are available.

APPLICATION AND REVIEW PROCEDURES

Prior to initial scientific merit review, a triage mechanism will be employed to screen out applications that are clearly noncompetitive or nonresponsive to the RFA. Such applications will be returned to the applicant. Applications will be evaluated initially by one or more special NIGMS peer review committees for scientific and technical merit. A second review will be conducted by the National Advisory General Medical Sciences Council. Review criteria include the following:

- Overall scientific merit of the research;
- Potential value of the research for furthering the goals outlined in this Request for Applications;
- Feasibility of the research and adequacy of the experimental design;
- Training, experience, research competence, and dedication of the investigator(s);
- Adequacy of available facilities;
- Provisions for the protection of human subjects and the humane care of animals; and
- Appropriateness of the requested budget for the work proposed.

Applications should be submitted using the new form PHS 398 (rev. 9/86). The RFA label available in the revised application kit must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time. Application kits are available in the business or grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health. Applications will be accepted in accordance with the following schedule:

TIMETABLE

Receipt Date:	January 14, 1988
IRG Review:	April/May
Council Review:	September
Earliest Funding Date:	End of September

It is essential that applicants type "CHARACTERIZATION OF THE GENOMES OF HUMANS AND MODEL SYSTEMS" and the RFA number 88-GM-01 on line 2 on the face page of the application form. The original and four copies of the application should be submitted to the following office:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

To expedite the review process, submit two copies of your application directly to:

Office of Review Activities
National Institute of General Medical Sciences
Westwood Building, Room 949
National Institutes of Health
Bethesda, Maryland 20892

Funding decisions will be based on recommendations of the initial review groups and the National Advisory General Medical Sciences Council regarding scientific merit and program relevance.

It is strongly recommended, but not required, that potential applicants contact NIGMS staff to discuss research objectives. Each prospective applicant is strongly advised to submit, by Dec. 1, a letter of intent which includes a descriptive title of the proposed research and names of key members of the program. This letter is requested to provide NIH staff with an indication of the number and scope of applications to be reviewed. It does not commit the prospective applicant to submit an application nor is it a requirement for submission of an application. For more information, applicants may contact:

Dr. Mark Guyer or Dr. Irene Eckstrand
National Institute of General Medical Sciences
National Institutes of Health
Westwood Building, Room 918
Bethesda, MD 20892
Telephone: (301) 496-7137

ONGOING PROGRAM ANNOUNCEMENTS

ATHEROGENESIS AND AGING

P.T. 34; K.W. 0715040, 0710010, 0710030

National Heart, Lung, and Blood Institute
National Institute on Aging

BACKGROUND

Epidemiological studies have established that aging is a well-documented risk factor for atherosclerosis. Certain of the risk factors felt to be important in the development of atherosclerosis such as adiposity, hypertension, hyper glycemia, and hyperlipidemia occur predominantly in older individuals. These areas are currently under intensive investigation. It remains to be determined whether certain physiological processes are altered during the course of aging which precipitate conditions necessary for progression of the disease. Examples of age-related changes which might influence the development or healing of atherosclerosis occur in the areas of immune function, lipid metabolism, vascular ultrastructure and hormone production. Recently there have become available animal resources that might be utilized to study and document the physical and biochemical changes due to age, some of which are appropriate for induction of atherosclerosis. These include models such as (1) the 300 aged nonhuman primates (primarily M. mulatta, but also M nemestrina) at five regional primate centers supported by the National Institute on Aging: (2) the Aging Cell Culture Repository (human skin, muscle, endothelial cells from aging normal, diseased-progeric, familial-Alzheimer subjects, and cultured cells of animal origin); (3) hamster colonies; (4) hybrid mouse and rat colonies.

RESEARCH GOALS AND SCOPE

Use of biological systems, animal, human, or in vitro are urged where age-related changes and their relationship to atherosclerosis can be studied. Examples of research topics include:

Immune response capacity and the contribution of immune complexes to the injury of the endothelium of the arterial wall.

Role of nonenzymatic glycosylation of proteins such as collagen in explaining the severity of atherosclerosis in diabetics and in aging individuals.

Development of complicated atherosclerotic plaques and age related changes in platelet adhesiveness, coagulation, thrombosis and thrombolysis.

Altered arterial wall adaptive processes to flow and trans-port phenomena, hormone levels, eicosanoid metabolism, lipoprotein transport, proteoglycan metabolism in response to age-related changes in humans/animals.

Intrinsic differences between young and old individuals in metabolism of lipids and lipoproteins, and progression/ regression of atherosclerosis.

Vascular repair (healing) of atherosclerotic plaque.

3 1496 00330 3206

The research areas listed above are only illustrative and are not intended to limit the creativity of applicants in designing experiments which will 1) determine whether the response to atherogenic stimuli or treatment is affected by age, 2) to identify age-related changes in metabolic or structural processes which might affect the development of regression of atherosclerosis.

MECHANISM OF SUPPORT

Applications may be submitted for the conventional NIH grant support mechanisms, including the individual research project grant, Clinical Investigator, First Independent Research Support and Transition (FIRST), Research Career Development, and Physician Scientist Awards. Clinical Trials mechanism are excluded.

APPLICATION AND SUBMISSION REVIEW

The deadline dates for new applications are February 1, June 1, and October 1. The deadlines for competing renewals of Research Project (R01) grants are March 1, July 1, and November 1. All applications will be assigned by the DRG for review according to the NIH process for regular research grant applications. Secondary review will be by the National Heart, Lung, and Blood Advisory Council or the National Institute on Aging Advisory Council. Applicants recommended for approval will compete for available funds with all other approved applications assigned to the NHLBI or NIA. However, since the Institutes have identified this research area to be of particular program interest, applications responsive to this announcement will be brought to the special attention of the Councils. In order to identify the application as a response to this program announcement, include on the application face page: P.A. "ATHEROGENESIS AND AGING" as well as the exact title of your project.

The original and four copies of the application should be mailed to:
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

An additional copy of the application should be mailed to:

Edwin C. Gangloff, Ph.D.
National Heart, Lung,
and Blood Institute
Bethesda, Maryland 20892
Telephone: (301) 496-1978

AND

Lot B. Page, M.D.
National Institute
on Aging
Bethesda, Maryland
20892
Telephone: (301)
496-1033

Requests for additional information or questions regarding this program may be directed to either of the above.

*The programs of the Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute and National Institute on Aging, are identified in the catalog of Federal Domestic Assistance, number 13.837 and 13.866. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to review by a Health Systems Agency.

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816

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VOL. 16, NO. 35 - OCTOBER 23, 1987

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NOTICE

NIH POLICY RELATING TO REPORTING AND DISTRIBUTION OF UNIQUE BIOLOGICAL MATERIALS PRODUCED WITH NIH FUNDING

P.T. 36, 16; K.W. 1014002, 1016004, 1200140, 1200490, 1200570, 1200820, 1201190

National Institutes of Health

Scientific and technological advances attributable to biomedical research frequently result in unique biological materials, of which some are patentable inventions. Some examples are: specialized and/or genetically defined cells, including normal and diseased human cells; monoclonal cell lines; hybridoma cell lines; microbial cells and products; viruses and viral products; and recombinant nucleic acid molecules. In accord with the policy of the Department of Health and Human Services (DHHS), the National Institutes of Health (NIH) takes the position that such products, when they are developed through the expenditure of NIH funds, should be made available to other research workers and the general public. While the circumstances may vary, the NIH offers the following guidelines concerning materials developed through its awards. (This Notice was first published in March 1984, and again in October 1986. It is reprinted for the benefit of those who did not see it then.)

A. NIH policy on Distribution of Newly Developed Materials

The practice of sharing research results--not only information but also the actual biological materials--has been a major strength of our nation's biomedical enterprise. The NIH recognizes that the vast majority of scientists currently make these newly developed materials readily available to other research workers. The purpose of this announcement is to emphasize the NIH policy that all unique biological materials developed with NIH funding be readily available to the scientific community after publication of the associated research findings or announcement at conferences. Restricted availability of these materials can impede the advancement of basic research and the delivery of medical care to the nation's sick.

In order to facilitate the availability of unique or novel biological materials developed with NIH funds, the investigator may distribute the materials through his/her own laboratory or institution, or submit them, if appropriate, to facilities such as the American Type Culture Collection or similar repositories. In some instances sharing of such material may be impractical, but these are expected to be only infrequent exceptions. Investigators are encouraged to consult the appropriate Health Scientist Administrator at NIH who may be of assistance in determining an appropriate distribution mechanism.

B. NIH policy on Reporting of Newly Developed Materials

Investigators are reminded that unique or novel biological materials and their products are considered to be inventions and therefore are subject to the various laws and regulations applicable to patents. Accordingly, the NIH requires that grantees and contractors adhere to grant regulations and contract clauses, respectively, pertaining to the reporting of inventions to the NIH. Only those cell lines or their products for which a demonstrated use exists or which have a potential for commercial development need be reported. However, when reporting is indicated, it should occur at the earliest possible time and should not await the end of the budget period or the expiration of the award. Examples of potentially reportable inventions in the areas of molecular and cell biology include synthesis of molecules with unique properties; special tests, assays or components (diagnostic tests); and cells or products of cells. Some investigators may wish to attempt to patent these materials; if so, the usual criteria for reporting and patenting inventions should be used. All not-for-profit institutions and small businesses should be aware that, as a consequence of Public Law 96-517 and OMB Circular A-124, they have first right to all inventions developed at their institutions with funds from the Federal Government.

For further information on the reporting of inventions and the filing of patent applications contact:

Messrs. Leroy B. Randall or Thomas G. Ferris
Patent Branch, Office of the General Counsel
Department of Health and Human Services
Westwood Building - Room 5A03
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

CULTIVATION OF MARINE ANAEROBIC BACTERIA

RFP AVAILABLE: NCI-CM-87238-16

P.T. 34; K.W. 0780005, 1002003

National Cancer Institute

The Division of Cancer Treatment (DCT), National Cancer Institute (NCI), National Institutes of Health (NIH), is interested in receiving contract proposals from offerors with the capability to furnish and operate a microbiological and small extraction laboratory to isolate various groups of anaerobic bacteria from the marine environment.

The specific objectives of this project are: to (1) collect source samples, (2) isolate various species of marine anaerobic bacteria, (3) determine their taxonomic identity, and (4) grow them under conditions suitable to produce at least 100 mg of whole culture extracts. The Principal Investigator (P.I.) should be trained in microbiology at the Ph.D. level, or equivalent, with at least 3 - 5 years' experience in research with marine anaerobic bacteria and in their taxonomy. The successful offeror will be expected to provide and grow approximately 250 isolates of marine anaerobic bacteria over a period of three years.

Request for Proposal (RFP) No. NCI-CM-87238-16 will be issued, upon written request, to Dorothy M. Coleman, Contracting Officer, on or about October 19, 1987, and proposals will be due approximately six weeks thereafter. To expedite requests for the solicitation, please furnish three self-addressed labels with your request. The contract period is to be three years, beginning approximately August 15, 1988, and one completion-type contract is expected to be awarded.

Copies of the RFP may be obtained by sending a written request to:

Dorothy M. Coleman
Contracting Officer
Treatment Contracts Section
Research Contracts Branch
National Cancer Institute
National Institutes of Health
Blair Building, Room 216
Bethesda, MD 20892
Telephone: (301) 427-8737

CULTIVATION OF MARINE PROTOZOA

RFP AVAILABLE: NCI-CM-87239-16

P.T. 34; K.W. 0780005, 1002027

National Cancer Institute

The Division of Cancer Treatment (DCT), National Cancer Institute (NCI), National Institutes of Health (NIH), is interested in receiving contract proposals from offerors with the capability to furnish and operate a microbiiological and small extraction laboratory to isolate various groups of protozoa from the marine environment.

The specific objectives of this project are to: (1) collect source samples, (2) isolate various species of marine protozoa, (3) determine their taxonomic identity, and (4) grow them under conditions suitable to produce at least 100 mg of whole culture extracts from each culture used for this contract. The Principal Investigator (P.I.) should be trained in microbiology at the Ph.D. level, or equivalent, with at least 3 - 5 years' experience in research with marine protozoa and in their taxonomy. The successful offeror will be expected to provide and grow approximately 600 isolates of marine protozoa over a period of three years.

Request for Proposal (RFP) No. NCI-CM-87239-16 will be issued, upon written request, to Dorothy M. Coleman, Contracting Officer, on or about October 19, 1987, and proposals will be due approximately six weeks thereafter. To expedite requests for the solicitation, please furnish three self-addressed labels with your request. The contract period is to be three years, beginning approximately August 15, 1988, and one completion-type contract is expected to be awarded.

Copies of the RFP may be obtained by sending a written request to:

Dorothy M. Coleman
Contracting Officer
Treatment Contracts Section
Research Contracts Branch
National Cancer Institute
National Institutes of Health
Blair Building, Room 216
Bethesda, MD 20892
Telephone: (301) 427-8737

HYPERTHERMIA QUALITY ASSURANCE PROGRAM

RFP AVAILABLE: NCI-CM-87245-11

P.T. 34; K.W. 0706000, 0706020

National Cancer Institute

The Radiation Research Program, Division of Cancer Treatment, National Cancer Institute requires the development of criteria, guidelines, procedures and ancillary equipment for hyperthermia systems which have become or have the potential of becoming commercially available, i.e., have FDA pre-market approval. Ultrasound and interstitial devices in particular need to be addressed. The successful offeror shall also conduct a hyperthermia quality assurance program based on the above and shall conduct on-site examinations of the hyperthermia systems and procedures at government-supported institutions requesting this service. The preparation and distribution of educational materials that describe recommended standard procedures for the use of hyperthermia systems are also required.

This is a full and open competition acquisition for a continuation of the work currently being performed by Allegheny-Singer Research Institute under contract number N01-CM-37512.

It is anticipated that a cost-reimbursement incrementally funded type contract will be awarded as a result of the RFP for a period of thirty-six (36) months, beginning June 30, 1988. All responsible sources may submit a proposal which shall be considered by the agency. RFP No. NCI-CM-87245-11 will be available on or about November 9, 1987. Responses will be due by January 8, 1988.

Copies of the RFP may be obtained by sending a written request to:

Frank Leon, Contracting Officer
Treatment Contracts Section, Research Contracts Branch
National Cancer Institute
Blair Building, Room 225
Bethesda, MD 20892
Telephone: (301) 427-8737

PRESCREENING OF COMPOUNDS AS POTENTIAL RADIOSENSITIZERS AND/OR RADIOPROTECTORS

RFP AVAILABLE: NCI-CM-87246

P.T. 34; K.W. 0785190, 0415000

National Cancer Institute

The Radiation Research Branch, Division of Cancer Treatment, National Cancer Institute, requires the development of a pre-screen (series of in-vitro tests) to select compounds for screening as potential radiosensitizers. These tests should measure the physical characteristics, i.e., solubility, partition coefficient, electron affinity, etc., as well as specific metabolic endpoints, i.e., binding or inactivation at the molecular or macromolecular levels, cellular oxygen consumption, cellular toxicity, thiols, DNA synthesis, enzyme systems, electron transfer pathways drug inactivation, etc., that may be useful as indicators that the compound is worth evaluating as a potential radiosensitizer. It is anticipated that 8-10 tests will constitute the pre-screen. The pre-screen is expected to remain constant over the length of the contract for the prime objective of the contract is to evaluate the effectiveness of the pre-screen. This will be accomplished by sending the compounds selected by the pre-screen for further testing as radiosensitizers. Cell survival or tumor response assays are not being solicited. The successful offeror would then utilize the developed pre-screen to evaluate 300 compounds each month during the lifetime of the contract. Since the tests will be in-vitro, it is expected that the offeror will have these procedures (tests) on line at the time of contract award. All compounds to be tested will be supplied by the National Cancer Institute. The results are to be formatted in tabular form with a remarks column indicating the Contractor's recommendation for evaluation of radiosensitizing activity. If the recommendation is made for no further testing, the primary reason for this recommendation should be so stated. It is anticipated that a cost-reimbursement incrementally funded type contract will be awarded as a result of the RFP for a period of thirty-six (36) months, beginning June 30, 1988. All responsible sources may submit a proposal which shall be considered by the agency. RFP NCI-CM-87246-11 will be available on or about November 9, 1987.

Copies of the RFP may be obtained by sending a written request to:

Frank Leon, Contracting Officer
Treatment Contracts Section, Research Contracts Branch
National Cancer Institute
Blair Building, Room 228
Bethesda, MD 20892
Telephone: (301) 427-8737

PREVENTIVE CARDIOLOGY ACADEMIC AWARD

P.T. 34; K.W. 0715040, 0745055, 0502024

National Heart, Lung, and Blood Institute

Application Receipt Date: April 1, 1988

The Division of Epidemiology and Clinical Applications (DECA) of the National Heart, Lung, and Blood Institute (NHLBI) has initiated the Preventive Cardiology Academic Award (PCAA) to provide a stimulus for the development of a preventive cardiology curriculum in those schools of medicine and osteopathy that do not have one and to strengthen and improve the preventive cardiology curriculum in those schools that do. Each school of medicine or osteopathy in the United States and its possessions or territories is eligible to compete for one award for a project period that does not exceed five years. The number of awards made each year will depend upon the merit of the applications received and availability of funds.

For the purpose of the PCAA, the term preventive cardiology is used to define the area of cardiovascular medicine having a special concern with the development of knowledge and the application of knowledge directed at the prevention of heart and vascular diseases. This includes the area of primary prevention of cardiovascular diseases in infants, children, and adults who are at risk of developing such diseases and the reduction of preventable complications or disability in persons who have already developed cardiovascular disease.

This award is intended to:

encourage the development of a high-quality preventive cardiology curriculum in schools of medicine and osteopathy that will significantly increase the opportunities for students and house staff to learn both the principles and practice of preventive cardiology;

develop promising faculty whose interest and training are in preventive cardiology teaching, research, and practice;

develop established faculty who have a major commitment to and possess educational skills for teaching preventive cardiology;

facilitate interchange of educational ideas and methods applicable to teaching preventive cardiology among awardees and institutions; and

develop at the grantee institution the ability to strengthen continuously the improved preventive cardiology curriculum, with local funds, subsequent to the award.

Requests for copies of the Preventive Cardiology Academic Award Program Guidelines should be directed to:

Associate Director
Clinical Applications and Prevention Program
Division of Epidemiology and Clinical Applications
National Heart, Lung, and Blood Institute
Federal Building, Room 6A-14
Bethesda, Maryland 20892-4300
Telephone: (301) 496-1706

This program of the NHLBI is identified in the Catalog of Federal Domestic Assistance No. 13.837. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal Regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency review.

MINORITY HIGH SCHOOL STUDENT RESEARCH APPRENTICE PROGRAM

P.T. 44, FF; K.W. 0710030, 0720005

Division of Research Resources

Application Receipt Date: December 1, 1987

BACKGROUND AND OBJECTIVES

The Division of Research Resources (DRR), National Institutes of Health (NIH) currently plans to continue the Minority High School Student Research Apprentice Program in 1988.

The purpose of the program is to provide minority high school students with a meaningful experience in various aspects of health-related research in order to stimulate their interest in careers in science.

ELIGIBILITY

Eligible institutions are those that were awarded grants during the latest complete Federal fiscal year 1987 from either the Biomedical Research Support Grant (BRSG) Program or the Minority Biomedical Research Support (MBRS) Program, both of which are administered by DRR, NIH. Only one application for the Apprentice Program can be submitted by a component of an institution that is the recipient of both the BRSG and MBRS awards.

Students eligible for support under this program are those who (1) identify themselves as minority (i.e., Black, Hispanic, American Indian, Alaskan Native, Pacific Islander, or Asian); (2) are U.S. citizens or have a permanent visa; and (3) are enrolled in high school during the 1987-88 academic year. (Students who will graduate from high school in 1988 are eligible, as is a student who participated in a previous year--provided he/she is still enrolled at the high school level.)

3 1496 00330 6480

MECHANISM OF SUPPORT

The mechanism of support for this program will be the NIH grant-in-aid. Support will be provided at a level of $1,500 for each apprentice position allocated. No indirect costs will be paid. Direct support to the apprentice must be as salary; stipends are not allowed. Within the $1,500 per student allocation, funds may also be utilized for supplies, extending the research experience, or if adequate funds exist, for the addition of an apprentice. However, funds from these grants may only be used for the costs of the apprentice program. The Program Director is responsible for recruitment and selection of the apprentices and assignment of each to an investigator. Recruitment and selection of students should emphasize factors of the students' motivation, ability and scholastic aptitude and accomplishments. In addition, consideration should be given to science teachers' recommendations and where possible the degree of parental commitment. Assignments should be made to investigators involved in health-related research who are committed to developing in the high school students both understanding of the research in which they participate and the technical skills needed.

APPLICATION

Eligible institutions should submit an application consisting of no more than:

1 A one-page letter stating the number of student positions requested, plus

2 An original and two signed and completed copies of the Grant Application Form, PHS 398 (Rev. 09/86) face page only.

Mark the "YES" box in item 2 and indicate the announcement title as "Minority High School Student Research Apprentice Program."

Mark items numbered 4, 5, 7, 8b, 10 and 14 Not applicable (N.A.). Complete item 8a with the total dollar amount of your request, which is the sum of the number of student positions requested times $1,500 per student.

A one-page Program Director's report, and a one-page report for each student may be submitted at any time but these reports and a Financial Status Report will be required by May 31, 1989.

Please Note: Limited funds and increased requests for such student positions may restrict the final allocations by DRR to three or four students per eligible applicant institution. Upon recommendation of the National Advisory Research Resources Council, the Division will give preference in making awards to those institutions that can support a summer program having a "critical mass" of at least five or six students using institutional as well as DRR funds.

The applications should be submitted to:

Biomedical Research Support Program
Division of Research Resources
National Institutes of Health
Building 31, Room 5B-23
9000 Rockville Pike
Bethesda, Maryland 20892

Inquiries can be made of Dr. Marjorie A. Tingle at the above indicated address or by calling (301) 496-6743.

The firm deadline for receipt of applications is December 1, 1987. Awards will be effective March 1, 1988, contingent upon availability of appropriated funds.

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Vol. 16, No. 36, October 30, 1987

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

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SCREENING, CHARACTERIZATION AND ACQUISITION OF REAGENTS FOR HISTOCOMPATIBILITY TESTING OF TRANSPLANTATION ANTIGENS OF BLACK AND/OR NATIVE AMERICANS

RFP AVAILABLE: NIAID-IAIDP-88-19

P.T. 34, FF; K.W. 0780005, 0755010, 0710125

National Institute of Allergy and Infectious Diseases

The Genetics and Transplantation Biology Branch of the National Institute of Allergy and Infectious Diseases has a requirement for improved characterization of the serologically defined transplantation antigens in the American Black population and the Native American population. The successful offeror should have demonstrated capabilities in screening for sera useful in identifying transplantation antigens and in all aspects of histocompatibility testing. The capability to manage and analyze pooled data on reactions of sera with cells with the purpose of defining new antigenic specificities is also desirable.

RFP NIAID-IAIDP-88-19 will be available November 2, 1987. Responses are due by January 4, 1988.

Two cost-reimbursement type contracts may be awarded as a result of this solicitation. It is expected that the contract(s) will have a five-year period of performance. Any responsible offeror may submit a proposal which will be considered by the Government.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office below:

Mr. Bill Roberts
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5333 Westbard Avenue
Westwood Building, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

MASTER AGREEMENT FOR CHEMICAL SYNTHESIS

MAA AVAILABLE: NCI-CM-87247-22

P.T. 34; K.W. 1003006, 1003012, 0780010

National Cancer Institute

The Drug Synthesis and Chemistry Branch (DS&CB) of the Developmental Therapeutics Program (DTP), Division of Cancer Treatment (DCT), the National Cancer Institute (NCI), is interested in receiving proposals from, and establishing Master Agreements with, offerors who have the capability to provide services for the synthesis of a variety of organic/inorganic compounds. The primary focus will be on the synthesis of organic compounds. The DTP is resoliciting additional Master Agreement Holders for the project, "Master Agreement for Chemical Synthesis". CURRENT MASTER AGREEMENT HOLDERS NEED NOT RESPOND.

Master Agreements are competitively negotiated and awarded to more than one organization. It is planned that such agreements will be awarded on or about July 20, 1988, to expire on September 29, 1989. The Master Agreements will not be funded per se. After award, Master Agreement Holders will be invited to bid competitively on appropriate Master Agreement Orders (MAOs) as they are issued.

Each MAO will be designed to accomplish a specific task as promptly as possible and will be awarded on a completion or level-of-effort basis, as determined by the Contracting Officer.

The objective of this project is the resynthesis of known compounds of varying degrees of complexity for confirmatory testing identified in both the new in vitro screen and the in vivo screens. Approximately 200 compounds will be synthesized during each contract year and these will comprise approximately 20 individual MAOs. It is expected that MAOs will be issued quarterly.

MAA No. NCI-CM-87247-22 will be issued, upon request from Elizabeth Clark Moore, Contract Specialist, on or about November 16, 1987, and proposals will be due approximately six weeks thereafter.

Copies of the MAA may be obtained by sending a written request to:

Elizabeth Clark Moore
Contracting Officer Representative
Treatment Contracts Section
Research Contracts Branch
National Cancer Institute
National Institutes of Health
Blair Building, Room 216
Bethesda, MD 20892
Telephone: (301) 427-8737

GROWTH FACTORS AND HORMONES IN FETAL AND INFANT GROWTH

RFA AVAILABLE: 88-HD-02

P.T. 34, AA; K.W. 0760020, 0760025, 0775015

National Institute of Child Health and Human Development

Application Receipt Date: February 18, 1988

The Endocrinology, Nutrition and Growth (ENG) Branch and the Pregnancy and Perinatology (PP) Branch of the Center for Research for Mothers and Children of the National Institute of Child Health and Human Development (NICHD) invite research grant applications for studies on the effects of growth factors and hormones on fetal and infant growth. By using this request for applications (RFA), the Institute seeks to stimulate investigators' interest in an area of research important to the Institute's missions.

BACKGROUND

The mammalian embryo attains exponential growth rates and the human fetus grows in lengths at rates exceeding 100 cm/yr, but the control of fetal growth remains largely unexplained. Although growth-retarded infants comprise a heterogeneous category, a subset of them may be attributed to aberrant growth factors, deletions of genes for growth factors or cellular oncogenes, aberrant growth factor receptors, or post-receptor defects. Presumably, such dysfunctional elements would impair the normal interaction of growth factors and nutrient supply during fetal growth.

Until recently the limited availability of pure growth factors restricted the number and kinds of possible experiments. Recombinant and solid phase synthetic techniques have led to an increased availability of some of these hormones and growth factors. This availability permits a wide variety of experiments in animal models of growth retardation and also in cell lines derived from cases of intrauterine growth retardation. Of interest are studies of the effects of pharmacologic doses of these special reagents in animal embryos in culture, in animal fetuses at various stages of development, and in animal models of intrauterine growth retardation.

During infancy other hormones and growth factors come into play. The control of this transition remains poorly understood. A better understanding of this transition and of the influences of hormones and growth factors on infant growth will lead to possible new modalities of therapeutic intervention in cases of intrauterine growth retardation and other kinds of infant growth failure.

OBJECTIVES AND SCOPE

Growth failure during fetal life and infancy remains a serious, poorly understood clinical problem. Research tools, recently either unavailable or in short supply, are now at hand to explore this important subject in greater depth. This RFA seeks to stimulate research aimed at understanding how cellular oncogenes, growth factors, and hormones control both normal and retarded fetal growth. The RFA also seeks to stimulate research on ameliorating various kinds of intrauterine growth retardation post-natally in animal models.

MECHANISMS OF SUPPORT

Support for this program will be through the traditional research grant. Policies that govern grant-in-aid award programs of the Public Health Service will prevail.

The support of grants pursuant to this RFA is contingent upon ultimate receipt of appropriated funds for this purpose. The number of awards will be influenced by the amount of funds available to the Institutes, by the overall merit of proposals, and by their relevance to program goals. It is anticipated that five meritorious applications will be funded under this program.

TIMETABLE

Application receipt date	February 18, 1988
Initial review date	April 1988
Review by Advisory Council	May/June 1988
Anticipated award date	July 1, 1988

INQUIRIES

Requests for copies of the complete RFA describing the research goals and scope, the review criteria, and the method of applying should be addressed to:

Gilman D. Grave, M.D.
Chief, Endocrinology, Nutrition and Growth Branch
Center for Research for Mother and Children
National Institute of Child Health and Human Development
Room 7C-17, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-5593

OR

Charlotte S. Catz, M.D.
Chief, Pregnancy and Perinatology Branch
Center for Research for Mother and Children
National Institute of Child Health and Human Development
Room 7C-05, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-5575

Applications must be submitted using form PHS-398 (Rev. 9/86). The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

BEHAVIORAL ASPECTS OF AIDS PREVENTION IN CHILDREN AND ADOLESCENTS

RFA AVAILABLE: 88-HD/MH-01

P.T. 34, AA; K.W. 0715020, 0404000, 0745055, 0715120

National Institute of Child Health and Human Development
National Institute of Mental Health

Application Receipt Date: February 12, 1988

The Human Learning and Behavior Branch (HLB), Center for Research for Mothers and Children (CRMC), National Institute of Child Health and Human Development (NICHD) and the Health and Behavior Branch (HB), Division of Basic Sciences (DBS), National Institute of Mental Health (NIMH), are inviting research grant applications investigating selected topics addressing behavioral approaches to prevent AIDS in children and adolescents. Research on this topic is needed to learn how best to educate children and intervene in adolescent populations, who due to behavioral patterns (e.g. sexual activity and drug use) are at increased risk for exposure to and spread of HIV infection.

Until effective treatments and vaccines are developed, the prevention of AIDS is largely a behavioral issue. Therefore, research on prevention and/or intervention must focus upon ways to reduce the likelihood of behaviors associated with the spread of the infection.

It is anticipated that new methods and approaches will be needed for learning how best to prevent AIDS in children and adolescents. New methods are required to assess behavioral change and modification as a consequence of intervention and education. Developmentally appropriate teaching methods are needed to insure information provided is both understood and used to make decisions which will prevent exposure to the virus. Follow-up of infants, children and adolescents known to have been exposed to AIDS is needed to evaluate the consequences of exposure to their social and emotional development.

Applications are encouraged to carry out research on: (a) developmentally appropriate educational approaches to teach AIDS related information to children of different ages; (b) intervention methods for teaching high risk groups how to make decisions, resist peer pressure, and analyze the relationship between current behavior and future consequences; (c) reliable and valid methods for measuring behavioral change resulting from intervention to prevent AIDS; and (d) the consequences of HIV exposure upon the social and emotional development of children and/or adolescents.

Applications should be submitted on PHS Form 398. The RFA label available in the 9/86 Revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

It is anticipated that up to ten (10) awards will be made as a result of this announcement through the grant-in-aid (R01) mechanism used by the NICHD and NIMH. For a copy of the detailed RFA fully describing the specific areas of research sought, contact the following:

Norman A. Krasnegor, Ph.D., Chief or
Sarah L. Friedman, Ph.D., Health Scientist Administrator
Human Learning and Behavior Branch
Center for Research for Mothers and Children
National Institute of Child Health and Human Development
Room 7C18, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-6591

or

Leonard Mitnick, Ph.D., Chief
Health and Behavior Branch
Division of Basic Sciences
Room 11C06, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4337

ONGOING PROGRAM ANNOUNCEMENTS

MOLECULAR BIOPHYSICS PREDOCTORAL TRAINING

P.T. 44; K.W. 1013004, 0720005

National Institute of General Medical Sciences

Application Receipt Dates: January 10, May 10, September 10

The National Institute of General Medical Sciences (NIGMS) announces a new institutional predoctoral research training program in the area of molecular biophysics. The NIGMS currently supports predoctoral research training through provision of Institutional National Research Service (NRSA) awards in four major programs: Cellular and Molecular Biology, Genetics, Pharmacological Sciences, and Systems and Integrative Biology. These are institutional awards with a strong emphasis on multidisciplinary training.

The Institute's goal in these programs is to provide trainees with broad access to thesis research opportunities across disciplinary and departmental lines, while not sacrificing the standards of depth and creativity characteristic of the best Ph.D. programs. Cooperative involvement of faculty members from several departments as thesis research mentors is considered evidence of such breadth.

The intention of the new program, Molecular Biophysics, is to provide training which focuses on the applications of physics, mathematics, and chemistry to problems of biological structure, primarily at the molecular level. This program is initiated as a response to the widespread perception of a shortage of personnel who are capable of applying the tools and concepts of the physical sciences to the solution of significant biological problems. The relative absence of training programs in such areas occurs at a time when demand for these capabilities is growing in both academia and industry. This program therefore differs from existing NIGMS research training grant programs primarily in its emphasis on physical approaches to the analysis of biological structure and function.

We particularly welcome applications from faculty in departments such as chemistry, physics, and engineering who have an interest in biologically-related research, together with faculty in biological science departments whose orientation is to the application of physical methods and concepts to biological systems. Examples of the research areas of interest include, but are not limited to, X-ray and NMR studies of macromolecules, theoretical analysis of protein dynamics, and high-resolution spectroscopy of active site structure. We again must stress the multidisciplinary nature of these programs, and the need to insure that students trained through such mechanisms are well-grounded in the tools and concepts of modern biology.

January 10, May 10, and September 10 are the annual receipt dates for institutional NRSA applications. Application material (PHS Form 398 Rev. 9/86) is available from the university business office or from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, Bethesda, Maryland 20892.

The stipend level for PREDOCTORAL trainees is $6,552 per annum. In addition, the applicant institution may request up to $1,500 per year for each PREDOCTORAL trainee for essential direct support costs to the training program. Tuition support for each trainee may be requested in accordance with amounts charged other graduate students. Indirect costs will be paid at 8 percent of total allowable direct costs or actual rate, whichever is less.

Institutional training grants are made for project periods of up to 5 years and are renewable. However, no single PREDOCTORAL trainee may receive more than 5 years of support unless a special waiver is obtained.

More detail on the policies governing such awards can be found in the NRSA Guidelines published in the NIH Guide to Grants and Contracts, Vol. 13, No. 1, January 6, 1984.

For further information please contact:

Dr. Marvin Cassman
Director, Biophysics and Physiological Sciences Program
National Institute of General Medical Sciences
Telephone: (301) 496-7463

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NOTICE

PHS GRANT APPLICATION FORM 398--REMINDERS

P.T. 34; K.W. 0710030, 1014002

National Institutes of Health

The newly revised form PHS 398 (dated 9/86) must be used by all NRSA Institutional Training Grant applicants starting with the January 10, 1988 receipt date, and by all research grant applicants starting with the February 1, 1988 receipt date. The page limitations indicated in the instructions for the 9/86 revision must be observed. PLEASE NOTE THAT ANY APPLICATION SUBMITTED ON ANY VERSION OF THE PHS 398 OTHER THAN THE 9/86 REVISION WILL BE RETURNED WITHOUT REVIEW, AS WILL APPLICATIONS THAT EXCEED THE PAGE LIMITS SPECIFIED IN THE PHS 398 INSTRUCTIONS OR SUPPLEMENTAL INSTRUCTIONS PERTAINING TO A PARTICULAR PROGRAM.

It is important to submit legible copies of the application. The original pages of the PHS 398 form, printed in orange ink, should be used. However, if these pages are not reproducible by any copying machine available to your institution, you may substitute the draft pages of the form (which are in black ink) after deleting the words "Remove and Use for Draft Copy" in the margin. DO NOT SUBSTITUTE THE 5/82 VERSION OF THE PHS 398. An application will be considered incomplete and returned if the original and all copies are not legible.

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

ADHESION STUDIES OF POLYMER INSULATING COATINGS

RFP AVAILABLE: RFP-NIH-NINCDS-88-01

P.T. 34; K.W. 1009013, 0750005

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement to develop methods for enhancing the adhesive forces and decreasing the disruptive forces that are active at the interface between a thin film polymer coating and a crystalline or metallic substrate in a saline environment.

Offerors should have experience in the chemistry and physics of polymer adhesion, the surface analysis of polymer-substrate adhesion and the thin-film coating of electronic devices.

This requirement represents the recompetition of a current contract with Hughes Aircraft Company and the incumbent is expected to reapply. RFP NIH-NINCDS-88-01 now available. Proposals will be due on January 6, 1988.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered by the agency. Requests for copies of the RFP will be filled on a first-come, first-served basis until the supply is exhausted. The RFP package will be available upon written request to:

Contracting Officer
Contracts Management Branch
National Institute of Neurological and
Communicative Disorders and Stroke, NIH
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, Maryland 20892

RESEARCH CENTERS FOR AIDS DEMENTIA AND OTHER RETROVIRUS-ASSOCIATED NEUROLOGICAL DISORDERS

RFA AVAILABLE: 88-NS-07

P.T. 04; K.W. 0715120, 0710085, 1003002, 0785110, 0414000

National Institute of Neurological and Communicative Disorders and Stroke

Application Receipt Date: February 12, 1988

The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) announces the availability of an RFA for the establishment of research centers for the investigation and elucidation of the etiology and pathogenesis, natural history, epidemiology, pathology, definition of the diagnostic criteria, and prevention and therapy of AIDS dementia and other retrovirus-associated neurological syndromes. Proposals focusing on AIDS dementia and encephalomyelopathy in children and infants are particularly encouraged.

While the principal stimulus for establishment of these centers is concern for the involvement of the central nervous system in AIDS, appropriate studies in relevant fundamental neurobiological areas will be acceptable within the center's mission, e.g., basis for the predilection of some retroviruses for the nervous system, as well as studies of retrovirus-associated neurological diseases, other than AIDS, such as tropical spastic paraparesis in humans and visna in animals.

The number of people, including children and infants, affected by the AIDS retrovirus, HIV, is growing, and the associated neurological syndromes are recognized with increasing frequency. Neurological involvement may be apparent before severe immunodeficiency is recognized. The neurological disorders associated with AIDS are of particular concern to the NINCDS.

Dementia is one of the more common and devastating neurological complications of AIDS. As many as 60 percent of patients with AIDS may develop dementia that cannot be attributed to opportunistic infections. The dementia may occur at any stage; it is often manifested very early in the clinical course of the illness.

Other neurological manifestations associated with HIV infection are spastic paraplegia and ataxia, sensory and motor neuropathies, multiple mononeuropathies, developmental abnormalities in children with loss of cognitive ability and progressive long-tract signs, and a dysmorphic syndrome due to intrauterine infection with the HIV.

The clinical features, course, and pathology of these conditions require elucidation and clarification. An understanding of the etiologies and pathogeneses may provide a rational basis for the development and evaluation of prophylactic and therapeutic strategies.

Multidisciplinary approaches are encouraged. Investigations appropriate to the RFA are broad and limited only by the creativity and ability of the applicants to exploit leads from basic studies in virology, molecular neurobiology, immunology, biochemistry, neuropathology, and clinical neurology. Fundamental scientific approaches consonant with the RFA may range from investigations of the peculiarities that predispose to persistent retrovirus infection in the central nervous system to the effects of the dysimmune state on the developing and mature nervous system. Studies leading to the identification and development of animal models of retrovirus infection with predilection for the mature and immature central and peripheral nervous systems are particularly solicited.

The NINCDS anticipates establishing up to four research centers, each for five years. Awards for these centers will depend upon availability of funds. We anticipate supporting centers with major thrust on the neurological aspects of AIDS in children, and in adults, as well as on the clinical neuroscience of other retroviral diseases in man and in animal models.

To qualify for consideration, an appropriate population of clinically well-defined patients with AIDS and ARC sufficient in number to meet the objectives of the research plan is essential. A well-established neuropathological research program and a broad, fundamental neuroscience capability are prerequisites for successful applications.

Any United States academic medical center, school of public health, research institution, profit-making organization, or consortium of cooperating institutions may submit a proposal. Applicants must demonstrate the ability to marshall the requisite expertise needed for all functions of the research plan, including neurological, neuropsychological, and behavioral assessment of AIDS patients; neuropathological confirmation of diagnosis; biometry, epidemiology, and clinical data management; and fundamental neurovirological and immunological research. Prospective applicants are encouraged to consult with the staff of the Division of Demyelinating, Atrophic, and Dementing Disorders early in the planning stage.

A copy of the complete RFA, which provides background information, research goals and scope, terms and conditions, review procedures and criteria, and the NINCDS guidelines for preparation and submission of clinical research center proposals may be obtained by contacting the program administrator:

Dr. A.P. Kerza-Kwiatecki
Program Administrator
Division of Dmeyelinating, Atrophic, and Dementing Disorders
Federal Building, Room 702
National Institute of Neurological and Communicative Disorders and Stroke
Bethesda, Maryland 20892

The National Institute of Mental Health also supports research centers on the assessment of the central nervous system effects of the AIDS virus, such as dementia, cognitive impairment, and neuropsychiatric disorders. A more detailed announcement of NIMH interests will be published in the near future. Potential applicants should contact:

Dr. Ellen Simon Stover
Deputy Director, Division of Basic Sciences
National Institute of Mental Health
Room 11-103, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-3563

GENITOURINARY TRACT MANIFESTATIONS OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

RFA AVAILABLE: 88-DK-02

P.T. 34; K.W. 0715120, 0715125, 0705075, 1002045

National Institute of Diabetes and Digestive and Kidney Diseases

Application receipt date: February 10, 1988

The Division of Kidney, Urologic and Hematologic Diseases (DKUHD) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites grant applications for support of research on the effects of infections with the Human Immunodeficiency Viruses (HIV) on the genitourinary (GU) tract.

Significant progress has been made in understanding the molecular biology and the clinical presentations of HIV infections. It has also been established that the genitourinary tract plays a major role in the transmission of the virus. Further work is needed to better understand the behavior of the virus in the GU tract, the site(s) of virus replication, and factors influencing transmission of the virus from an individual to another.

BACKGROUND

Since first diagnosed in 1978, the incidence of AIDS has increased substantially in the United States, and many other parts of the world. The causative agent, the human immunodeficiency virus (HIV), has been shown to have a high predilection for the T lymphocyte. In addition to blood, semen of infected individuals has been demonstrated as a very effective vehicle for transmission. The T lymphocyte has been proposed as the agent responsible for transporting the virus throughout the body, and probably from host to host. Although the T lymphocyte in the semen may be an effective means of transmission of the virus, other mechanisms are possible.

The purpose of this initiative is to seek proposals which deal with the HIV infections in the GU tract, the specific organs and cells in which the virus resides and/or replicates, and the mechanisms of transmission from host to host. Particular encouragement is offered to investigators well-trained in pertinent technologies who currently may be pursuing other research interest.

RESEARCH OBJECTIVES

The GU tract is a focal point in the transmission of the HIV from host to host. Although the mode of transmission from the male is proposed to be via the semen, the mechanism from female to male is not well-understood. It is also unclear whether the virus in the GU tract resides and replicates in cells other than the T lymphocytes. Nor has there been a clear definition of the specific organs in the GU tract where the virus resides and/or replicates. Conditions in the GU tract that promote or hinder transmission of the virus need to be explored. Finally, very little is known of the effect of specific therapy, directed against the virus, such as AZT, on the structure and functions of organs and cells of the GU tract. A major objective of this initiative is to encourage collaboration between individuals in the basic and applied fields of medicine to study the needed mechanisms of viral replication and transmission through the GU tract.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this RFA will be reviewed for scientific and technical merit by an initial review group which will be convened by the Division of Extramural Activities, NIDDK, solely to review these applications. Upon receipt, applications will be evaluated for their responsiveness to the objectives of the RFA. If an application is judged unresponsive at this stage, the applicant will be contacted and given the opportunity to withdraw the application or have it considered for the regular research grant program of the NIH. Should the proposal submitted in response to the RFA be substantially similar to a research grant application already under consideration by the NIH, the applicant will be asked to withdraw either application. Simultaneous submission of identical applications will not be allowed.

Funding decisions will be based on recommendations by the Initial Review Group and by the National Diabetes and Digestive and Kidney Diseases Advisory Council, and relevance to the Objectives and Scope of the RFA. Applicants should request a start date of September 30, 1988.

The support mechanism for this program will be the traditional, individual, research-project grants (R01s) only. Current plans for Fiscal Year 1988 include $3.0 million for the total (direct and indirect) costs of this program. However, the funding of applications submitted in response to this RFA is contingent on the actual availability of funds and receipt of applications deemed worthy of support by the accepted NIH peer review procedure. It is anticipated that 15 - 20 grants will be awarded, for up to 5 years, under this program. The specific amount to be funded will depend on the merit and scope of the applications received.

Copies of the complete RFA may be obtained from :

Lawrence Agodoa, M.D.
Director, Clinical Studies
DKUHD, NIDDK
National Institutes of Health
Westwood Building, Room 625
Bethesda, Maryland 20892
Telephone (301) 496 7571

Prospective applicants are asked to submit a letter of intent no later than January 15, 1988. The Institute requests such letters for the purpose of ascertaining the number and types of applications to be reviewed. Such letters are not required, are not binding, and do not enter into the review of the application.

Applications should be submitted on PHS Form 398 (revised Sept. 1986). The RFA label available in the 9/86 Revision of Application of Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the Review Committee in time for review.

EFFECTS OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTIONS ON THE KIDNEY, AND IN DIALYSIS AND RENAL TRANSPLANT PATIENTS

RFA AVAILABLE: 88-DK-03

P.T. 34; K.W. 0715120, 0715125, 0785095, 0765035, 0745065

National Institute of Diabetes and Digestive and Kidney Diseases

Application receipt date: February 17, 1988

The Division of Kidney, Urologic and Hematologic Diseases (DKUHD) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites grant applications for support in research areas dealing with the effects of infections with the Human Immunodeficiency Viruses (HIV) on the kidney; and the implications of such infections in patients on dialysis and/or with renal allografts.

The major goal of this program is to encourage investigators with diverse interests and expertise to work together to improve our understanding of the pathophysiologic mechanisms involved in HIV infections and kidney disease, and the effect on dialysis and renal transplant patients, and management of these patients.

BACKGROUND

The Human Immunodeficiency Virus (HIV) type 1 infection is a leading cause of renal failure in the United States. The clinical course of the renal syndrome is that of a fulminant progression to end stage renal disease in a relatively short period of time, with a probable specific histologic appearance of the kidneys. It also has been shown that renal manifestations in individuals with antibodies to HIV may precede any other clinical manifestations of the syndrome.

Patients with ESRD on dialysis are relatively immunosuppressed, therefore, progression from onset of infection to the development of ARC or AIDS may be sufficiently altered, compared to the non-renal disease individual. However, it has been observed that dialysis patients who develop AIDS follow a more rapidly fatal course with generalized wasting. There also are suggestions that other relatively routine procedures related to dialysis, such as blood transfusions, vaccinations and immunizations adversely affect the clinical course of dialysis patients with AIDS.

Patients with renal allografts may acquire HIV infection by additional risk factors, such as infected graft, or through blood transfusions. Because of their unique status, such renal allograft patients may follow a modified clinical course. Presently, a controversy exists as to whether the immunosuppression status of the transplanted patient aggravates or favorably modifies the clinical course in HIV infection. Insufficient data are available to determine whether introduction of the renal allograft and the attendant immunosuppression accelerates or retards the development of ARC and/or AIDS in the asymptomatic individual with antibodies to HIV only.

Finally, the effect of the treatment of HIV infection, such as with AZT, on the clinical course of patients with renal disease, on dialysis, and/or with renal allograft needs to be investigated.

OBJECTIVES AND SCOPE

This program is intended to explore the effect of HIV infection on the kidney, and on the clinical course of dialysis and renal allograft patients. Collaboration between basic and applied science is encouraged to investigate the following areas:

- o The effect of HIV infection on renal structure and function at the organ, cellular and molecular level; and the pathogenesis of the nephropathy associated with HIV infection, using state-of-the-art technology to investigate the presence (or absence) of the virus in the renal tissue.
- o The clinical course of HIV infection in the dialysis patient with specific reference to factors that modulate progression from initial infection and anti-HIV antibody positivity to the development of ARC and/or AIDS; the effect of blood transfusions, immunization and vaccination, coinfection with the hepatitis virus, and treatment of anemia with recombinant human erythropoietin.

- The clinical course of the renal transplant recipient, focussing on specific issues relevant to graft and patient survival in the presence of HIV; and on factors such as immunosuppression, histocompatibility, pretransplant blood transfusion regimen, and concurrent infections.

- The effect of treatment of HIV infection, such as with AZT, on the course of renal disease, on morbidity and mortality in the dialysis patient, and on graft and patient survival as well as on immunosuppression regimen in the renal allograft patient.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this program will be reviewed for scientific and technical merit by an initial review group which will be convened by the Division of Extramural Activities, NIDDK, solely to review these applications. Upon receipt, applications will be evaluated for their responsiveness to the objectives of the RFA. If an application is judged unresponsive at this stage, the applicant will be contacted and given the opportunity to withdraw the application or have it considered for the regular research grant program of the NIH. Should the proposal submitted in response to the RFA be substantially similar to a research grant application already under consideration by the NIH, the applicant will be asked to withdraw either application. Simultaneous submission of identical applications will not be allowed.

Funding decisions will be based on recommendations by the initial review group and by the National Diabetes and Digestive and Kidney Diseases Advisory Council, and relevance to the objectives and scope of the RFA. Applicants should request a start date of September 30, 1988.

The support mechanism for this program will be the traditional, individual, research-project grant (R01) only. Current plans for Fiscal Year 1988 include $4.5 million for the total (direct and indirect) costs of this program. However, the funding of applications submitted in response to this RFA is contingent on the actual availability of funds and receipt of applications deemed worthy of support by the accepted NIH peer review procedure. It is anticipated that 20 - 25 grants will be awarded, for up to 5 years, under this program. The specific amount to be funded will depend on the merit and scope of the applications received.

Copies of the complete RFA may be obtained from :

Lawrence Agodoa, M.D.
Director, Clinical Studies
DKUHD, NIDDK
National Institutes of Health
Westwood Building, Room 625
Bethesda, Maryland 20892
Telephone: (301) 496-7571

Prospective applicants are asked to submit a letter of intent no later than January 15, 1988. The Institute requests such letters for the purpose of ascertaining the number and types of applications to be reviewed. Such letters are not required, are not binding, and do not enter into the review of the application.

Applications should be submitted on PHS Form 398 (revised Sept. 1986). The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

BIOMEDICAL RESEARCH SUPPORT SHARED INSTRUMENTATION GRANTS

P.T. 34; K.W. 1014001, 0780005

Division of Research Resources

Application Receipt Date: February 23, 1988

BACKGROUND

The Division of Research Resources (DRR) is continuing its competitive Biomedical Research Support (BRS) Shared Instrumentation Grant (SIG) Program initiated in Fiscal Year 1982. The program was established in recognition of the long-standing need in the biomedical research community to technological advances in instrumentation and the rapid cope with rapid rate of obsolescence of existing equipment. The objective of the program is to make available, to institutions with a high concentration of PHS-supported biomedical investigators, research instruments which can only be justified on a shared-use basis and for which meritorious research projects are described.

An eligible institution may submit more than one application for different instrumentation for the February 23, 1988 deadline. However, if multiple applications are submitted for similar instrumentation from one or more eligible components of an institution, then documentation from a high administrative official must be provided, stating that the multiple applications are a coordinated institutional resource plan, not an unintended duplication.

RESEARCH GOALS AND SCOPE

This program is designed to meet the special problem of acquisition and updating of expensive shared-use instruments which are not generally available through other PHS mechanisms, such as the regular research project, program project and center grant programs, the Biomedical Research Technology Grant Program, or the Biomedical Research Support (BRS) Grant Program. Proposals for the development of new instrumentation will not be considered.

ELIGIBILITY

The BRS Shared Instrumentation Grant Program is a subprogram of the BRS Grant Program of DRR. Awards are made under the authority of the BRS program and are made to institutions only, not to individuals. Therefore, eligibility is limited to institutions which receive a BRS grant award. Awards are contingent on the availability of funds.

MECHANISM OF SUPPORT

BRS Shared Instrumentation Grants provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. Applications are limited to instruments that cost at least $100,000 per instrument or system. The maximum award is $400,000. Types of instrumentation supported include, but are not limited to, nuclear magnetic resonance systems, electron microscopes, mass spectrometers, protein sequencer/amino acid analyzers and cell sorters. Support will not be provided for general purpose equipment or purely instructional equipment. Proposals for "stand alone" computer systems will only be considered if the instrumemnt is solely dedicated to the research needs of a broad community of PHS-supported investigators.

Awards will be made for the direct costs of the acquisition of new, or the updating of existing, research instruments. The institution must meet those costs (not covered in the normal purchase price) required to place the instrumentation in operational order as well as the maintenance, support personnel and service costs associated with maximum utilization of the instrument. There is no upper limit on the cost of the instrument, but the maximum award is $400,000. Grants will be awarded for a period of one year and are not renewable. Supplemental applications will not be accepted. The program does not provide indirect costs or support for construction or alterations and renovations. Cost sharing is not required. If the amount of funds requested does not cover the total cost of the instrument, the application should describe the proposed source(s) of funding for the balance of the cost of the instrument. Documentation of the availability of the remainder of the funding, signed by an appropriate institutional official, must be presented to DRR prior to the issuance of an award.

A major user group of three or more investigators should be identified. A minimum of three major users must have PHS peer-reviewed research support at the time of the award. The application must show a clear need for the instrumentation by projects supported by multiple PHS research awards and demonstrate that these projects will require at least 75% of the total usage of the instrument. Major users can be individual researchers, or a group of investigators within the same department or from several departments at the applicant institution. PHS extramural awardees from other institutions may also be included.

If the major user group does not require total usage of the instrument, access to the instrument can be made available to other users upon the advice of the internal advisory committee. These users need not be PHS awardees, but priority should be given to PHS-supported scientists engaged in biomedical research.

ADMINISTRATIVE ARRANGEMENTS

Each applicant institution must propose a Principal Investigator who can assume administrative/scientific oversight responsibility for the instrumentation requested. An internal advisory committee to assist in this responsibility should also be utilized. The Principal Investigator and the advisory group are responsible for the development of guidelines for shared use of the instrument, for preparation of all reports required by the NIH, for relocation of the instrument within the grantee institution if the major user group is significantly altered and for continued support for the maximum utilization and maintenance of the instrument in the post-award period.

A plan should be proposed for the day-to-day management of the instrument including designation of a qualified individual to supervise the operation of the instrument and to provide technical expertise to the users. Specific plans for sharing arrangements and for monitoring the use of the instrument should be described.

If a grant award is made, a final progress report will be required which describes the use of the instrument, listing all users, and indicating the value of the instrumentation to the research of the major users and to the institution as a whole. This report is due within 90 days following the end of the project period.

REVIEW PROCEDURES AND CRITERIA

Applications are reviewed by specially convened initial review groups of the Division of Research Grants (DRG) for scientific and technical merit and for program considerations by the National Advisory Research Resources Council of the DRR. Funding decisions are the responsibility of the DRR and will not be made prior to November 15, 1988.

Criteria for review of applications include the following:

- The extent to which an award for the specific instrument would meet the scientific needs and enhance the planned research endeavors of the major users by providing an instrument that is unavailable or to which availability is highly limited.
- The availability and commitment of the appropriate technical expertise within the major user group or the institution for use of the instrumentation.
- The adequacy of the organizational plan and the internal advisory committee for administration of the grant including sharing arrangements for use of the instrument.
- The benefit of the proposed instrument to the overall research community it will serve.

METHOD OF APPLYING

Copies of a more detailed announcement are being mailed to Program Directors of BRS grants and to sponsored program offices at all institutions currently receiving BRS grants. Interested investigators should obtain the complete announcement prior to preparing an application.

Applications must be received by February 23, 1988. Applications received after this date will not be accepted for review in this competition. The original and four copies should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892**

Two copies of the application and one copy of any appendix material should be addressed to:

Biomedical Research Support Program
Division of Research Resources
National Institutes of Health
Building 31 - Room 5B23
9000 Rockville Pike
Bethesda, Maryland 20892

If appendix material is submitted, four collated sets must be included with the application package to the Division of Research Grants.

Inquiries should be directed to the Biomedical Research Support Program Office at (301) 496-6743.

This program is described in the Catalog of Federal Domestic Assistance number 13.337, Biomedical Research Support. Awards will be made under the authority of the Public Health Service Act, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 42 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review.

BEHAVIORAL MECHANISMS AND CAUSES OF CHILDHOOD INJURY

RFA AVAILABLE: 88-HD-03

P.T. 34; K.W. 0404000, 0715005, 0715175

National Institute of Child Health and Human Development

Application Receipt Date: May 16, 1988

BACKGROUND INFORMATION

The Human Learning and Behavior Branch (HLB) of the Center for Research for Mothers and Children (CRMC), National Institute of Child Health and Human Development (NICHD) invites research grant applications investigating the role of behavior at various levels in the etiology of childhood injuries and their prevention. Research on this topic is needed to elucidate how behavioral factors cause or are related to specific types of injuries. This approach will develop the knowledge base to establish effective prevention programs that can be used by pediatricians and public health officials.

Injuries account for about half of all deaths in children under 15 years of age. In children as, in adults, motor vehicle crashes are the leading cause of injury-related deaths followed by injuries in the home environment. Although environmental changes which eliminate risk are generally most effective to control injuries, for many hazards the means do not exist to change the environment; and approaches using principles based upon other aspects of human behavior are needed to reduce contact with hazards. Consequently, improved understanding of the behavioral etiologies and mechanisms of injuries and safety is needed in order to formulate new intervention approaches.

Applications are encouraged to clarify the major behavioral variables responsible for specific kinds of childhood injuries and the mechanisms of how such variables cause or relate to childhood injuries. Of particular interest are studies that identify and measure observable behaviors of parents and children that are precursors of injury occurrence or injury avoidance (safety); that is, behaviors closely linked to injury morbidity and mortality. Why are some populations at risk and how might they be protected? What are the chains of events which result in injury producing events? How do family stress and other psychosocial factors affect childhood injury? Research needs include the development of experimental models that explain the origins and continuation of both risk-taking and injury avoidance (safety) behaviors.

Of particular interest are studies that clarify how development of the child and the interaction of the environment in relation to this development contribute to child safety and/or injury. How do children learn behaviors that alter the rate and severity of childhood injuries? What are the skills which must be taught to effect reduction in injuries?

Also of interest are the behaviors of communities or organizations collectively with regard to child injuries and hazards. Such studies could address the factors and approaches which influence parents, communities, or relevant organization to produce safe products and environments for children.

This RFA is intended to be one component of a program of childhood injury research within NICHD and other Public Health Service agencies. The focus of this announcement is to develop the theory and understanding of how behavioral factors are related to childhood injury. Based upon understanding gained from this and other research, interventions can be developed and evaluated as part of future planned funding initiatives.

Applications should be submitted on PHS Form 398 (revised Sept. 1986). The RFA label available in the 9/86 Revision of Application of Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the Review Committee in time for review.

It is anticipated that up to five (5) awards will be made as a result of this announcement through the grant-in-aid (R01) mechanism used by the NICHD. For a copy of the detailed RFA fully describing the specific areas of research sought, contact the following:

Peter C. Scheidt, M.D.
Human Learning and Behavior Branch
National Institute of Child Health and Human Development
Room 7C18, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-6591

SPECIALIZED CARIES RESEARCH CENTERS

RFA AVAILABLE: 88-DE-02

P.T. 04; K.W. 0785040, 0715125, 0710070, 1002019, 0404000, 0760080

National Institute of Dental Research

Application Receipt Date: September 1, 1988

The National Institute of Dental Research (NIDR) invites applications for the support of Specialized Caries Research Centers to conduct multidisciplinary, fundamental and clinical research on the epidemiology, etiology, pathogenesis, prevention and treatment of dental caries.

BACKGROUND INFORMATION

The National Institute of Dental Research currently supports three Specialized Caries Research Centers whose approved funding periods will end in the summer of 1989. The present announcement establishes a new round of competition for a five-year period of funding beginning 1989.

RESEARCH GOALS AND SCOPE

One of the goals of the NIDR is to accelerate and expand the development of new information which may lead to the eradication of dental caries as a major health problem. To achieve this goal it is essential that the NIDR maintain a program of multidisciplinary centers capable of pursuing promising leads in an integrated fashion, using modern molecular biology and other new technologies, as well as more traditional approaches. To provide adequate attention to all research areas believed to have significant potential, the NIDR seeks to develop a balanced overall program in which the protocols of the different centers are complementary rather than duplicative. Collaborative arrangements between centers will be encouraged. Even though centers are expected to have a strong clinical orientation, it is recognized that considerable emphasis on laboratory and animal studies are warranted.

Subject areas which may be pursued include the following which are presented in random order with no priorities implied. Center protocols may include one or more of the areas listed or tothers considered equal in importance.

- Develop methods to identify individuals or populations at high risk to caries.
- Develop prevention methods applicable to high risk populations.
- Use recombinant DNA techniques to study oral bacteria and their products which may be involved in induction of specific caries immunity.
- Characterize salivary molecules involved in tooth pellicle formation, and colonization by oral bacteria leading to caries susceptibility.
- Study ecologic relationships among microorganisms in dental plaque leading to caries development.
- Improve the delivery and effectiveness of anti-plaque/anti-microbial agents in caries prevention.
- Determine the genetic factors related to caries susceptibility or resistance.
- Determine the behavioral factors related to caries susceptibility or resistance.

- Determine the dietary and nutritional factors related to caries susceptibility or resistance.
- Study specific and non-specific immune mechanisms in the oral cavity.
- Explore mechanisms of action of fluoride in preventing caries.
- Determine the causes of the recently reported declines in caries prevalence.

ELIGIBILITY

This competition is open to all domestic institutions, including those proposing new caries research centers, as well as those with existing centers. The applicant institution, however, must have an adequate base of ongoing caries research encompassing basic and/or clinical studies and must propose new and/or continuing research that falls within the intent of the RFA.

FUNDING MECHANISM

The administrative and funding mechanism will be the research center grant (P50). Each center program is expected to include several related, but multidisciplinary projects. First year budget will be limited to $500,000 in direct costs. NIDR anticipates making a minimum of three awards.

STAFF CONTACT

Requests for copies of the full RFA should be addressed to:

Dr. Marie U. Nylen
Director, Extramural Program
National Institute of Dental Research
Westwood Building, Room 503
Bethesda, MD 20892-4500
Telephone: (301) 496-7723

ONGOING PROGRAM ANNOUNCEMENTS

HEALTH PROMOTION RESEARCH UNDERLYING NURSING PRACTICE

P.T. 34; K.W. 0745035, 0785130, 0411005

National Center for Nursing Research

Application Receipt Dates: February 1, June 1, October 1

The Health Promotion and Disease Prevention Branch, National Center for Nursing Research (NCNR), has, as one of its interests, the support of research which is designed to decrease the vulnerability of individuals and families to illness and disability. This interest extends across the life span. Specifically, nursing research on health promotion addresses the general health and health care of the population, stressing the positive aspects of well-being, not merely the absence of illness and disability.

Of specific interest to NCNR are studies which (a) identify risk factors which constitute a threat to the health status and the quality of life of study populations; (b) design and implement intervention strategies which reduce risk factors and increase an individual's capability for both improving and maintaining health as well as treating illness and injury; and (c) investigate the cost effectiveness of health promotion programs. Because health promotion has been identified as a middle class phenomenon, NCNR is particularly interested in supporting research which reflects the characteristics, needs, and preferences of populations at greater risk to illness and disability, such as certain ethnic minorities, the elderly, youth, women, and the disabled.

As part of its mission to promote the health of the American people, the NCNR invites qualified researchers to submit research and research training applications which focus on the enhancement of personal and community health through individual as well as environmental change. Applicants are encouraged to design studies which examine and use scientific principles which underlie nursing practice.

Applicants from institutions with a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter of agreement from the GCRC Director should be included in the application material.

For additional information contact:

Dr. Deidre M. Blank
Chief, Health Promotion and Disease Prevention Branch
National Institutes of Health
National Center for Nursing Research
Building 38A, Room B2E17
Bethesda, Maryland 20894

This program is described in the Catalog of Federal Domestic Assistance No. 13.361, Nursing Research. Awards are made under the authority of the PHS Act, Sections 301, 483, 484, and 487 as amended by Public Law 99-158 and 97-219. Awards are administered under PHS grant policies and Federal regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or to review by a Health Systems Agency.

BIOLOGICAL DETERMINANTS OF ALCOHOL CONSUMPTION

P.T. 34; K.W. 0404003, 0414012, 1002019

National Institute on Alcohol Abuse and Alcoholism
Alcohol, Drug Abuse, and Mental Health Administration

Application Receipt Dates: February 1, June 1, October 1

BACKGROUND

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) invites grants applications for the support of research addressing problems related to the identification of biological determinants of alcohol consumption. Significant progress has been made in recent years in our understanding of the biological mechanisms of alcohol actions, the genetic factors influencing these actions, and the factors affecting the development of tolerance and dependence. Little is known, however, about the biological determinants of alcohol consumption. Recent studies suggest that a complex interaction of neurobiologic and systemic factors regulates alcohol intake. Circumstantial evidence has linked ethanol preference to the brain reward system either directly or indirectly, through its anxiolytic actions. There are also reports suggesting that alcohol consumption is regulated by one or several factors such as absorption rate, circadian rhythm, endocrine response, and dietary factors. Studies on biological determinants of ethanol intake have been preliminary so far. There is a great need for further exploration of this important problem.

The purpose of this announcement is to encourage research proposals on the biological determinants of alcohol consumption. Knowledge of the biological factors underlying alcohol consumption will form the basis for intervention and treatment of alcoholism. Studies can be conducted on humans or experimental animals. Where appropriate, the use of animals genetically bred for difference in alcohol consumption is encouraged. Examples of potential research under this announcement include but are not limited to the following:

- Role of neuramines, neuropeptides, or opioids in mediating the intake, maintenance and cessation of alcohol drinking.
- Role of physiological systemic factors outside the CNS in modulating alcohol intake.
- Role of organ damage in mediating alcohol intake.
- Correlation between endocrine system modifications and alcohol intake.
- Influence of nutritional factors on alcohol intake patterns.
- Normal mechanisms of hunger and thirst and their interaction with the CNS systems controlling alcohol consumption.
- Interaction of excessive appetite for alcohol with the etiology of eating disorders.
- Regulation of alcohol consumption by circadian rhythm.

APPLICATION AND REVIEW PROCEDURES

Applications may be submitted by any public or private nonprofit or profit-making organizations and by eligible agencies of the Federal government. Women and minority investigators are encouraged to apply. Support may be requested for a period of up to 5 years; annual awards will be made subject to continued availability of funds and progress achieved. Grant funds may be used for expenses clearly related and necessary to carry out research projects. Research grant support is not provided to establish, add a component to, or operate a prevention, intervention or treatment program. Grants must be administered in accordance with the PHS Grants Policy statement (Rev. January 1, 1987).

Application forms may be obtained from your institutional business office or from:

National Clearinghouse for Alcohol and Drug Information
Reference Department
P.O. Box 2345
Rockville, Maryland 20852

Applications will be accepted in accordance with the usual receipt dates for new applications:

Receipt Dates	Initial Review	Adv. Council Rev.	Start Date
Feb. 1	May/June	Sept./Oct.	Dec. 1
June 1	Oct./Nov.	Jan./Feb.	April 1
Oct. 1	Feb./Mar.	May/June	July 1

Applications should be sent to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892**

Applications recommended for approval by the National Advisory Council on Alcohol Abuse and Alcoholism will be considered for funding on the basis of overall scientific and technical merits as determined by peer review, NIAAA programs needs and balance, and the availability of funds. In FY 1988 approximately $500,000 will be available to support approximately 4 grants under this announcement. Application of high scientific merit which cannot be funded under this announcement could be considered for funding under the Institute's regular research grant programs.

Further information and consultation on program requirements can be obtained from:

Helen M. Chao, Ph.D.
Chief, Biomedical Research Branch
Parklawn Building, Room 14-C-20
NIAAA, Division of Basic Research
5600 Fishers Lane, Room 14-C-20
Rockville, Maryland 20857
Telephone: (301) 443-4223

This program is described in the Catalog of Federal Domestic Assistance No. 113.273. Grant awards are made under the authority of Sections 301 and 510 of the Public Health Service Act (42 USC 241, 290bb). Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Service regulations at 45 CFR Part 100.

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5333 Westbard Avenue
Bethesda, Maryland 20816

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REVISION OF RESEARCH CAREER DEVELOPMENT AWARD GUIDELINES--REMINDER

P.T. 34; K.W. 1014002, 0710030

National Institutes of Health

As announced in the August 7, 1987 edition of the NIH Guide for Grants and Contracts (Vol. 16, No. 27), the National Institutes of Health recently revised its guidelines for the Research Career Development Award (RCDA). The revised guidelines are in effect for the February 1, 1988 application receipt dates and all subsequent receipt dates. Prospective applicants should review the revisions and contact the NIH staff listed in the August 1987 announcement before submitting an application.

Copies of the full text of the revised guidelines, including a list of NIH staff contacts, are available from either of the following:

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

Mr. Nicholas C. Moriarty
Westwood Building, Room A-27
Bethesda, Maryland 20892
Telephone: (301) 496-7221

PRIMATE TISSUE BANKING AND DISTRIBUTION PROGRAM REVISION OF RESEARCH CAREER DEVELOPMENT GUIDELINES--REMINDER

P.T. 34; K.W. 0780020, 1014002

Division of Research Resources

The Tissue Banking and Distribution Program at the University of Washington Regional Primate Research Center provides tissue and fluid specimens from macaques and baboons. Viable specimens in culture media are prepared for shipment in less than an hour and delivered to most laboratories in the U.S. within 24 hours. Deliveries of quick-frozen or fixed specimens are made on a scheduled basis. More specialized preparations are supplied on request. A clinical and experimental history of the donor animal accompanies each specimen.

This Tissue Banking and Distribution Program is partially supported by the Division of Research Resources, NIH.

For more information, call or write:

Ms. Karlissa Foy
Tissue Program Coordinator
Regional Primate Research Center, SJ-50
University of Washington
Seattle, Washington 98195
Telephone: (206) 543-6999

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

SUPERCOMPUTING RESOURCES AND TRAINING AVAILABLE TO BIOMEDICAL RESEARCHERS AT THE PITTSBURGH SUPERCOMPUTING CENTER

P.T. 34; K.W. 1004000, 0780010

Division of Research Resources

Application Receipt Date: January 8, 1988

Grants are available to enable biomedical researchers to use the Cray X-MP/48 at the Pittsburgh Supercomputing Center (PSC) through a program funded by the Biomedical Research Technology Program, Division of Research Resources.

Starter grants of 3 service units (roughly 3 hours of single-processor X-MP time) are available for feasibility studies or code conversion and optimization. A limited number of larger grants of 20 service units are also available to experienced supercomputing researchers. Prospective grantees should demonstrate a need for supercomputing facilities; the proposed research must be biomedical and non-proprietary; grantees must be faculty members or post-doctoral fellows. Graduate students may be designated as users on any grant.

TRAINING

A four and a half day workshop on supercomputing techniques for biomedical researchers will be held from February 22 through 26, 1988. The workshop is aimed at experienced FORTRAN programmers, but prior supercomputing experience is not necessary. The topics include an introduction to VMS (optional), the Cray-VAX interface, Cray job control, Cray optimization techniques, an overview of available biomedical software, and a description of access paths to the PSC.

Expenses for this workshop are covered under a grant from the NIH. A limited number of openings for industrially-based biomedical researchers may be available for a fee of $1000. THE DEADLINE FOR APPLICATIONS IS JANUARY 8, 1988.

For application forms and additional information, call or send mail to:

Wendy Janocha
Biomedical Coordinator
Pittsburgh Supercomputing Center
4400 Fifth Avenue
Pittsburgh, PA 15213
Telephone: (412) 268-5005.

PROPHYLACTIC PENICILLIN IN SICKLE CELL DISEASE: CENTRAL LABORATORY

RFP AVAILABLE: RFP-NIH-NHLBI-HB-88-02

P.T. 34; K.W. 0740005, 0755010, 0780010

National Heart, Lung, and Blood Institute

The Sickle Cell Disease Branch of the Division of Blood Diseases and Resources of the National Heart, Lung, and Blood Institute has a requirement for a central laboratory to provide determinations of antibody titers to Streptococcus Pneumoniae on approximately 500 children enrolled in this study. The purpose of the study is to determine when prophylactic penicillin can be safely discontinued at five years of age in children with sickle cell anemia. Experience in immunologic aspects of sickle cell disease is required.

RFP NIH-NHLBI-HB-88-02 will be available on or about November 30, 1987, with proposals due on or about January 14, 1988. One (1) award is anticipated for a seven-year period. Your written request should include three (3) self-addressed mailing labels and must cite RFP No. NHLBI-HB-88-02.

Requests for copies of the RFP should be sent to the following address:

Lynda A. Bindseil, Contract Specialist
BDR Contract Section, Contracts Operations Branch, DEA
National Heart, Lung, and Blood Institute
Federal Building, Room 5C14
Bethesda, Maryland 20892

CLINICAL STUDIES OF SAFETY AND EFFECTIVENESS OF ORPHAN PRODUCTS

RFA AVAILABLE: Docket No. 87N-0267

P.T. 34; K.W. 0755015, 0740025, 0735000

Food and Drug Administration

Application Receipt Date: January 25, 1988

The Food and Drug Administration (FDA) is announcing the anticipated availability of funds for Fiscal Year 1988 for awarding grants to support clinical trials on safety and effectiveness of orphan products.

BACKGROUND

FDA has established the Office of Orphan Products Development to identify and facilitate the availability of orphan products. Orphan products are drugs, biologics, medical devices (including in vitro diagnostics), foods for medical purposes, and veterinary products that may be useful in an uncommon or common disease but lack committed commercial sponsorship because they are not considered commercially attractive for marketing. A subcategory of orphan products are those marketed products for which there is evidence suggesting usefulness in an uncommon, serious disease but which are not labeled for that disease because substantial evidence of safety and effectiveness for that use is lacking.

All funded studies are subject to the requirements of the Federal Food, Drug and Cosmetic Act and regulations promulgated thereunder.

In general, FDA will only consider awarding grants to support clinical studies for determining whether the products are safe and effective for premarket approval. These clinical studies may be designed to assist in the approval of unapproved products or of unapproved new uses for already marketed products.

Applications should be for one discrete clinical trial. The applicant must provide supporting evidence that the product to be investigated is available to the applicant in the form needed for the clinical trial.

In addition to FDA's general interest in clinical studies for the safety and effectiveness of orphan products, the agency has recognized the following areas of pediatric research for which applications are encouraged:

Studies on marketed drugs currently labeled only for adult uses which would provide data to support labeling these drugs for important uses in pediatric patients.

Research to develop nutritional products (medical foods) for management of inborn errors of metabolism for which adequate therapies are not currently available.

MECHANISM OF SUPPORT

Support will be in the form of grant awards which will be subject to all policies and requirements that govern the research grant programs of the Public Health Service.

REVIEW PROCEDURES

All applications responding to this request for applications will be reviewed and evaluated for scientific and technical merit by experts in the subject field of the specific application. The applications will also be subject to a second level of review to evaluate them in light of the aims of the Orphan Products Development Program.

METHOD OF APPLYING

Potential applicants should write or phone the individual listed below for the full RFA document, which includes instructions for the submission of applications:

Carol A. Wetmore
Food and Drug Administration
Office of Orphan Products Development, HF-35
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4903

Applications must be submitted to the Food and Drug Administration using Form 398 (Rev. 9/86). The outside of the mailing package and the top of the application face page should be labeled "Response to RFA-FDA-OP-88-1."

PROGRAMS OF EXCELLENCE FOR BASIC RESEARCH ON AIDS

REVISED RFA AVAILABLE: 88-AI-01

P.T. 34; K.W. 0715120, 0715125, 0710070, 1002045, 1002004, 1002008

National Institute of Allergy and Infectious Diseases

In the October 16, 1987 issue of the NIH GUIDE FOR GRANTS AND CONTRACTS, Vol. 16, No. 34, the National Institute of Allergy and Infectious Diseases announced an RFA on PROGRAMS OF EXCELLENCE FOR BASIC RESEARCH ON AIDS (PEBRA). In that announcement, NIAID stated that the PEBRA program would be supported through the cooperative agreement mechanism.

NIAID wishes to announce that it is changing the mechanism of support of PEBRAs to the program project grant mechanism. Appropriate revisions will be made in the full RFA to reflect this change. For clarification, or to get a copy of the full revised RFA, contact:

Martin Padarathsingh, Ph.D.
Chief, Pathogenesis Branch
AIDS Program
NIAID, NIH
Westwood Building, Rm. 7A-04
Bethesda, MD 20892
Telephone: (301) 496-8378

SPECIAL INTERNATIONAL POSTDOCTORAL RESEARCH PROGRAM IN ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

RFA AVAILABLE: 87-TW-01

P.T. 22; K.W. 0715120, 0710030

Fogarty International Center

Application Receipt Date: January 22, 1988

[This is a revision of an announcement that appeared in this Guide on May 8, 1987 (Vol. 16, No. 16). The requirements for: (1) equal number of U.S. and foreign scientists and (2) full range of clinical and basic science disciplines have been relaxed. In addition the Fogarty International plans to make six (6) awards rather than two (2) awards].

Applicants who submitted applications for the September 15, 1987 receipt date need not reapply.

The Fogarty International Center invites applications from U.S. institutions with interest in developing multi-disciplinary postdoctoral fellowship programs in AIDS research for U.S. and foreign scientists. Funds will be awarded to encourage basic and clinical research in all biomedical and behavioral disciplines related to AIDS. Applications received in response to this request will be reviewed and considered for funding in a single competition.

BACKGROUND

According to the World Health Organization, 100 nations from all continents have reported AIDS cases in their countries. The current doubling time of new cases reported in the United States is approximately 15 months. Research into this disease has been significant. The causative agent, Human T-Lymphotropic Virus Type III/ Lymphadenopathy-Associated Virus (The name Human Immunodeficiency Virus (HIV) has been proposed for these viruses by the International Committee on the Taxonomy of viruses.) has been identified; the virus has been shown to severely impair the immune system and the central nervous system; the associated risk factors and major modes of transmission are known; and the epidemiologic patterns and modes of transmission have been shown to vary between men and women and among countries. Until the disease can be prevented, cures are found, or an effective vaccine is developed, AIDS will continue to be an increasingly global public health problem.

International cooperation is important in understanding and preventing AIDS. It is in this context that the Fogarty International Center, NIH, is initiating a Special International Postdoctoral Research Program in AIDS.

OBJECTIVES AND SCOPE

The objectives of the special institutional research fellowship program are (1) to support collaborative research between U.S. and foreign scientists who wish to enhance their knowledge and skills in the epidemiology, diagnosis, prevention, and treatment of AIDS and (2) to stimulate scientists from nations affected by AIDS to cooperate and to share research knowledge in combatting this global problem.

It is expected that the program director will be a recognized scientist in AIDS research, interested in both the basic and clinical aspects of the syndrome, and able to attract as preceptors basic and clinical scientists in his or her institution who are experts in other biomedical and behavioral disciplines related to AIDS.

Under this award the program director will make fellowship appointments to U.S. and foreign scientists varying from 3-24 months. Scientists who are appointed must have an earned doctoral degree (M.D., Ph.D., D.V.M., D.D.S., D.O., D.P.M., O.D., Sc.D., D.Eng., D.N.S.) or the equivalent in a health science field, be actively engaged in AIDS research, not be employed by a for-profit institution, and if foreign, must have a permanent position in his/her home institution. Postdoctoral scientists at all career levels are eligible for appointment. It is expected that appointments will cover scientific disciplines related to AIDS research.

U.S. scientists from the grantee institution will be limited to collaborative study in foreign institutions only. The U.S. appointees must have a letter of invitation from the foreign hosts accepting the fellows and committing the resources of the foreign institutions to the research effort. Foreign scientists will be required to conduct their research at the awardee institution only; each appointee will be assigned to a preceptor from among the participating faculty. Sixty (60) months of appointments will be permitted each budget year.

STAFF CONTACT

For further information and a copy of the RFA contact:

Bettie J. Graham, Ph.D.
Chief
International Research and Awards Branch
Building 38A, Room 613
Fogarty International Center
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-6688

The RFA label provided with the instructions must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

ALCOHOL RESEARCH CENTER GRANT ON ALCOHOL AND IMMUNOLOGIC DISORDERS (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME - AIDS)

RFA AVAILABLE: AA-88-01

P.T. 04; K.W. 0404003, 0710070, 0715120

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Date: April 1, 1988

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is interested in receiving grant applications for Centers to investigate various aspects of the relationship between alcohol, immune system alterations and infectious diseases, with special attention on acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV). The research program should include interrelated studies focusing on problems which have the potential for producing significant scientific information related to alcohol and immunologic disorders, including AIDS and HIV. Research conducted within the Center must be clearly related to problems concerning alcohol's interaction with the immune system and the role of alcohol as a cofactor in the development of infectious diseases and immune disorders.

BACKGROUND

The Alcohol Research Center Grants Program is designed to complement the regular research grants program of the NIAAA by providing long-term (typically for 5 years) support for interdisciplinary research programs with a distinct focus on a particular research theme relating to alcoholism, alcohol abuse, and other alcohol-related problems. The program is intended to help attract the best scientists from biomedical, behavioral, and social science disciplines to work on research problems related to alcohol abuse and alcoholism and to provide a stable environment for such persons to engage in alcohol research in a coordinated and integrated fashion. A Center is expected to be a source of excellence in research and, through sustained excellence, to become a significant regional or national research resource. In addition, the applicant institution is expected to afford opportunities for training to persons from various disciplines and professions for research careers in alcoholism problems.

MECHANISM OF SUPPORT

Support for this program will be through the Specialized Research Center grant. Center grants are awarded to an institution in behalf of a Center Director for the support of broadly based multidisciplinary long-term, research effort consisting of several major research components. Each component is expected to contribute to, and be directly related to, the effects of alcohol on the immune system and alcohol as a possible cofactor in the acquisition of infectious diseases, especially as related to AIDS and HIV.

APPLICATION AND REVIEW PROCEDURES

Application Form PHS-398 (Revised 9/86) is to be used. Application kits containing the necessary forms and general instructions may be obtained from business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities, or by contacting the NIAAA staff person as noted below.

Applications should be completed by following the General Instructions contained in the application kit and "Special Instructions for Preparing an Alcohol Research Center Grant Application," which will be made available upon request from the NIAAA. Applications should be completed in accordance with the page limitations noted in the Special Instructions. The RFA label available in the September 1986 revision of the application Form PHS 398 must be affixed to the bottom of the face page of the completed original application. Failure to use this label and to follow the general and special instructions could result in delayed processing of the application such that it may not reach the review committee in time for review.

The signed original and four permanent legible copies of the application should be sent to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892-4500

In addition, two copies should be sent directly to:

Office of Scientific Affairs
National Institute on Alcohol Abuse and Alcoholism
Parklawn Building, Room 16C-20
5600 Fishers Lane
Rockville, Maryland 20857

Final review by the National Advisory Council on Alcohol Abuse and Alcoholism will be completed at its meeting in September 1988 and awards will be made no later than September 30, 1988. Applications will be accepted only for a single receipt date of April 1, 1988. The Institute requests a letter of intent by February 15, 1988.

Before preparing an application, potential applicants are advised to seek more specific information by contacting:

Albert A. Pawlowski, Ph.D.
Associate Director
Division of Basic Research
National Institute on Alcohol Abuse and Alcoholism
Parklawn Building, Room 14C-20
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-1273

This program is described in the Catalog of Federal Domestic Assistance No. 13.891, National Alcohol Research Centers Program. Grants to establish Alcohol Research Centers are authorized by Sections 301 and 511 of the Public Health Service Act. Regulations governing this program are contained at 42 CFR Part 54a, Subpart E, of the Code of Federal Regulations. This program is not subject to the intergovernmental review requirements of Executive Order 12372 as implemented through HHS regulations at 45 CFR Part 100.

RESEARCH LEADING TO AN ACCELERATED DECLINE IN TUBERCULOSIS MORTALITY AND MORBIDITY

RFA AVAILABLE: 88-AI-02

P.T. 34; K.W. 0715165, 0715125, 0710065, 1002027, 0755035

National Institute of Allergy and Infectious Diseases

Application Receipt Date: February 17, 1988

BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) supports research aimed at decreasing the mortality and morbidity from tuberculosis and ultimately eliminating this ancient disease from the United States and the world. Toward this end NIAID desires to expand its support of tuberculosis research.

RESEARCH GOALS AND SCOPE

Studies of interest include, but are not limited to, the following as they relate to the elimination of tuberculosis:

- The characteristics of the organism which are relevant to infectivity, pathogenicity, and immunogenicity, including specific components such as virulence factors, physiologic differences between virulent and avirulent tubercle bacilli, phenotypic changes that may occur during in vivo growth which contribute to virulence.
- The uptake and microenvironmental distribution of tubercle bacilli within macrophages, the effect on the bacilli of the recently recognized different populations of lymphocytes and macrophages having distinctively different functions, the development of new quantitative methods for determining the intraphagolysosomal events leading to bacterial inactivation.
- The host cellular and humoral factors which affect susceptibility and resistance to infection and disease from the tubercle bacilli, the modification of the host immune response, the modification of the host-parasite relationship to M. tuberculosis.
- The molecular cloning of protein antigens combined with T-cell cloning to arrive at the antigens responsible for cell mediated immunity and protective immunity in tuberculosis, development of adjuvants or immunomodulators with the capability of enhancing the protective efficacy of a sub-unit vaccine.

MECHANISM OF SUPPORT

Applications considered appropriate responses to this announcement are the traditional research project grants (R01). The NIAID plans to support at least ten awards contingent on the overall merit of the proposed research and the availability of funds. Up to five years of support is anticipated.

The initial review for scientific and technical merit will be made by a review group to be convened by the Program Project Review Branch, NIAID; secondary review will be by the National Advisory Allergy and Infectious Diseases Council. Funding decisions will be based upon relative scientific merit, program relevance, and the availability of appropriated funds.

STAFF CONTACT

A more detailed RFA may be obtained from:

Darrel D. Gwinn, Ph.D.
Tuberculosis Program Officer
Bacteriology and Virology Branch
National Institutes of Health
Westwood Building, Room 738
Bethesda, Maryland 20892
Telephone: (301) 496-7728

The RFA label provided with the instructions must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

ONGOING PROGRAM ANNOUNCEMENTS

PREVENTION OF GALLSTONES

P.T. 34; K.W. 0715085, 0785055, 0765035, 0745055

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Dates: February 1, June 1, and October 1

PURPOSE

The Liver and Biliary Diseases Program of the Division of Digestive Diseases and Nutrition (DDDN) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) supports both basic and clinical research, and related training activities, in diseases of the biliary system. The program is seeking to stimulate interest in both basic and clinical research directed toward the prevention of gallstones; the epidemiology, pathogenesis and prevention. Accordingly, applications are invited for regular research project grants, program project grants, FIRST awards, career development awards, and postdoctoral fellowships relating to but not limited to the following areas of interest.

Basic Research

- The cell biology of lipid and protein metabolism in the liver in normal and appropriate cholesterol gallstone models in order to understand cholesterol regulation, bile acid metabolism and nucleation-antinucleation factors.
- The role of phospholipid vesicles in transporting biliary cholesterol.
- The physiology of the gallbladder, and how its innervation, response to hormones, absorptive and secretory functions, and musculature contribute to the development of gallstones.

Pilot Studies

- Small studies, in both animal models and man, testing agents that may inhibit nucleation, such as desaturating bile acids, prostaglandin inhibitors, hydrocholeretic agents, hormonal stimulants of gallbladder contraction, diet.
- Determination of the rate of growth of gallstones in the niave gallbladder or in the gallbladder from which stones have been removed by either chemical or physical methods (recurrence rate).

Clinical Trials

- Epidemiological studies examining relatives of gallstone patients to explore a genetic link.

- Drug intervention trials in high risk populations such as obese individuals on rapid weight loss regimens, native Americans, Mexican-Americans, etc.

- Dietary interventions, possibly used as an adjunct to other preventive measures.

BACKGROUND

Gallstone disease constitutes a national health issue of sizable proportion: an estimated 20 million individuals in the United States have gallstones and 500,000 are operated on yearly at a cost of approximately 2.5 billion dollars, excluding the cost of lost productivity. With the widespread use of a non-invasive, simple diagnostic test for gallstone disease (ultra-sound), the presence of choleliths in the gallbladder and bile ducts are being discovered earlier. The technique also offers a valuable opportunity to obtain data relevant to the prevention of gallstone formation in man. The topic of gallstone prevention was the subject of a two day advisory meeting held in Bethesda, Maryland on July 29-30, 1986 to assist the Divison of Digestive Diseases and Nutrition, NIDDK, in assessing promisiong areas of research. A summary of this meeting has appeared in Hepatology, Vol.7, No.5, 1987 (Sept/Oct issue). For discussion purposes, prevention was considered as primary, secondary or tertiary. Primary prevention was considered to be the inhibition of formation of stones in persons who have not previously had gallstones. Secondary prevention might be considered as the successful management of silent gallstones; e.g. the prevention of their clinical complications by dissolving them, flushing them out of the gallbladder with choleretics or preventing their further growth. Tertiary prevention might be considered as the prevention of gallstone recurrence once chemical or physical removal of gallstones had taken place. Primary prevention was the main topic of the meeting, although some ideas relevant to secondary and tertiary prevention also emerged.

The topics discussed at the aforementioned advisory meeting were: (1) epidemiology and natural history; (2) risk factors; (3) formation of supersaturated bile; (4) nucleation; (5) prevention of supersaturated bile; and (6) prevention of nucleation.

MECHANISMS OF SUPPORT AND REVIEW PROCEDURE

Applications considered appropriate responses to this announcement include the traditional research project grant (R01), the program project grant after prior consultation with the staff contact listed (P01), the FIRST award (R29), the Individual National Research Service Award (F32), and the following Career Development awards: the Research Career Development Award (K04), the Clinical Investigator Award (K08) and the Individual Physician Scientist Award (K11). The specific application forms (PHS 398, rev.9/86 for everything except the F32 which requires Form PHS 416-1) are in the business or grants and contracts offices of most academic and research institutions or may be obtained from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301 496-7441

Applicants from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter of agreement from the Program Director of the GCRC should be included with the application material.

Applications received in response to this announcement will be reviewed on a nationwide basis in competition with other applications and in accordance with the usual assignment and review procedures of the National Institutes of Health peer review procedures. The initial review for scientific and technical merit will be by an appropriate study section of either the Division of Research Grants (R01, R29, F32, K04) or NIDDK (P01, K08, K11). Secondary review will be by the National Diabetes and Digestive and Kidney Diseases Advisory Council. Funding decisions will be based upon relative scientific merit, program relevance and the availability of appropriated funds.

APPLICATION PROCEDURE

Applications will be accepted on an indefinite basis in accordance with the receipt, Initial Review Group, National Advisory Council, and earliest possible beginning dates specified in the pertinent application kits.

On the first (face) page, item 2, of the application, the word "Yes" should be checked and the phrase "RESPONSE TO NIDDK (DDDN) ANNOUNCEMENT ON PREVENTION OF GALLSTONES" should be typed in the space provided. Additionally, a brief covering letter should accompany the application indicating it is being submitted in response to this program announcement.

The original and six copies of the application should be sent or delivered to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892

NIH LIBRARY
3 1496 00333 0605

STAFF CONTACT

For further information concerning this announcement and the mechanisms of support for research and training available in this connection, investigators are encouraged to contact:

Sarah C. Kalser, Ph.D.
Director
Liver and Biliary Diseases Program, NIDDK
National Institutes of Health
Westwood Building, Room 3A-17
Bethesda, Maryland 20892
Telephone: (301) 496-7858

In order to alert the Program to submission of applications, applicants are encouraged to send a letter of intent to Dr. Kalser orcontact her at the telephone number listed above.

This program is described in the Catalog of Federal Domestic Assistance No. 13.848, Digestive Diseases and Nutrition Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) RESEARCH CENTER GRANTS

P.T. 04; K.W. 0715120, 0710030, 0715095

National Institute of Mental Health

The National Institute of Mental Health announces a revised announcement for Acquired Immunodeficiency Syndrome (AIDS) Research Center Grants, MH-86-16, to establish additional AIDS Research Centers (AIDS/RC) to provide support for coordinated, multidisciplinary research programs on the mental health aspects of AIDS, ARC, and HIV infection. These grants will be supported by NIMH only. AIDS/RC grant support may be requested for up to 5 years. The overall aims of the center must be clearly defined for the period of support. Areas of future development should be indicated and justified. Applications must be complete when submitted; applicants should not assume that site visits will be made. Applications in response to this announcement will be accepted under the usual Public Health Service receipt dates for new applications, beginning February 1, 1988, and ending February 1, 1989. Potential applicants interested in obtaining technical assistance should contact:

Ellen Simon Stover, Ph.D., Deputy Director
Division of Basic Sciences
Room 11-103, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-3563

An institution planning to submit an application should notify:

Mrs. Edna Hardy-Hill, Chief
Research Development and Special Projects Review Branch
Division of Extramural Activities
Room 9C-15, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6470

U.S. G.P.O. 1987- [illegible]

NIH GUIDE

For Grants and Contracts

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NIH GUIDE FOR GRANTS AND CONTRACTS
Vol. 16, No. 39
December 4, 1987

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RFP AVAILABLE: NIAID-88-21

P.T. 34; K.W. 0755010, 0710060, 0780000

National Institute of Allergy and Infectious Diseases

The Development and Applications Branch of the Microbiology and Infectious Diseases Program of the National Institute of Allergy and Infectious Diseases is soliciting proposals from organizations having the capabilities and facilities to operate a reference laboratory for the performance of radioimmunoassay determinations for antibodies to pneumococcal polysaccharide antigens.

Offerors should have the capability of producing all specialized reagents required for performance of radioimmunoassays and should have an interest in the development of new serologic assays for pneumococcal polysaccharide antibodies.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-NIAID-MIDP-88-21 will be issued on or about December 15, 1987, with a closing date for receipt of proposals set for February 1, 1988.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered by the agency. Requests for copies of the RFP will be honored if received within 20 calendar days after the scheduled issue date of the RFP. Requests received after this period will be filled on first-come, first-served basis until the supply is exhausted. The RFP package will be available upon written request to:

Contracting Officer
Contracts Management Branch, NIAID
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 707
5333 Westbard Avenue
Bethesda, Maryland 20892

SPECIALIZED CENTERS OF RESEARCH IN CARDIOPULMONARY DISORDERS DURING SLEEP

RFA AVAILABLE: 88-HL-9-L

P.T. 04; K.W. 0715040, 0715165, 0710030, 1003002, 1002008, 1002019, 0785055

National Heart, Lung, and Blood Institute

Application Receipt Date: April 18, 1988

The Division of Lung Diseases invites grant applications for a single competition for support of research on cardiopulmonary disorders during sleep. The main purpose of this special grant program is to foster a multidisciplinary, concerted effort that involves both basic and clinical research relevant to the pathogenesis, prevention, diagnosis, and management of cardiopulmonary disorders during sleep. This program is initiated in response to the United States Congress, which has recommended that the National Heart, Lung, and Blood Institute provide support for this new centers program in fiscal year 1988. Among the disciplines and expertise that may be appropriate for this research program are pulmonary medicine, cardiopulmonary physiology, pharmacology, sleep physiology, biochemistry, molecular biology, genetics, cardiology, and epidemiology.

It is anticipated that two SCOR grants will be awarded. A letter of intent is requested by January 15, 1988, and the deadline for receipt of applications is April 18, 1988. Awards in connection with this announcement will not be made to foreign institutions.

Requests for copies of this RFA should be addressed to:

James P. Kiley, Ph.D.
Structure and Function Branch
Division of Lung Diseases
National Heart, Lung, and Blood Institute
Westwood Building, Room 6A07
Bethesda, MD 20892
Telephone: (301) 496-7171

The RFA label (found in the 9/86 revision of application form PHS 398) must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing of your application such that it will not reach the review committee in time for review.

PATHOBIOLOGY OF BONE MARROW SUPPRESSION IN AIDS OR AIDS-RELATED COMPLEX

RFA AVAILABLE: NIH-88-HL-10-B

P.T. 34; K.W. 0765035, 0745040, 0715120, 1002004, 0755030

National Heart, Lung, and Blood Institute
National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: April 1, 1988

The Division of Kidney, Urologic and Hematologic Diseases, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and the Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI), announce the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA are currently available from staff of the NHLBI and the NIDDK.

The purpose of this initiative is to stimulate research on the molecular and cellular mechanisms leading to bone marrow suppression in AIDS or AIDS-Related Complex. In addition, this initiative will address the in vitro or in vivo use of hematopoietic growth factors for increasing blood cell number and/or function. The specific problem of erythroid suppression and severe anemia resulting as side effects of AZT treatment in AIDS patients is of particular interest.

It is estimated that NHLBI will make 8--10 awards under this program and NIDDK will make 10--15.

Requests for copies of the complete RFA announcement should be addresses to either of the following:

Alan S. Levine, Ph.D.
Chief, Blood Diseases Branch
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building, Room 5A12
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5911

or

David G. Badman, Ph.D.
Hematology Program Director
Division of Kidney, Urologic, and Hematologic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 621
Bethesda, Maryland 20892
Telephone (301) 496-7458

The RFA label (found in the 9/86 revision of application form PHS 398) must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing of your application such that it will not reach the review committee in time for review.

MOLECULAR BIOLOGY DATA - REPRESENTATION/ANALYSIS BY COMPUTER

RFA AVAILABLE: 88-LM-01

P.T. 34; K.W. 1002008, 1004008, 0790000

National Library of Medicine

Application Receipt Date: February 12, 1988

The National Library of Medicine invites grant applications from investigators who are interested in the computer and information science aspects of molecular biology data management and analysis. The objective is to promote high quality research that has value for furthering our understanding of structure/function relationships in nucleic acids, proteins, and other biologically important molecules, in order to help prevent, diagnose, and treat human disorders. This NLM Request for Application does not supersede the relevant, ongoing program interests of other NIH components as indicated by a similar invitation in May 1987 (Program Announcement - NIH Guide, Vol. 16, No. 18.). However, it is possible that special NLM funds will be available in FY 1988 to support competitive research programs that further the stated goals. Potential applicants are strongly advised to contact NLM staff before submitting applications for support.

BACKGROUND

The appearance of new experimental methods in the past several years has greatly increased the rate at which data are accumulating about the molecular control of life processes. Restriction enzymes, synthetic molecular probes, efficient microchemical methods for DNA and protein sequence determination, and recombinant DNA technology have developed to the point that it is now feasible to consider large-scale projects, such as the systematic analysis of entire eukaryote genomes. Because of their size and complexity, the data that are generated by such undertakings must be analyzed and compared using computerized techniques for storage, searching, and analysis. The computer databases that hold this information, currently numbered in millions of nucleotide base pairs and thousands of amino acids, are expected to grow by three orders of magnitude to encompass sequences totalling billions of nucleotides. Current methods for structuring, searching, and analyzing such databases need to be enhanced correspondingly.

RESEARCH GOALS

Research projects which foster the development of new computer-based analysis methods for the interpretation of molecular biological data are invited. Such research will require a diversity of approaches and make use of data from a number of model systems. The research topics of interest described below are intended to illustrate the range of work in computer and information science, as applied to biology, that will be needed to advance our research capabilities in the area of genomic analysis and macromolecular structure and function.

- Methods and algorithms for improving the efficiency of information retrieval through operations that are computationally intensive (e.g., cannot be performed in linear time).
- Expert system techniques for automatic generation of annotation information concerning sequence data, creation of linkages among related databases via explicit pointers or common vocabulary.
- Software algorithms and other database query methods capable of translating natural language questions into appropriate retrievals from multiple related factual databases.
- Database design, incorporating data representations that are optimal for search, analysis, transmission, and storage of macromolecular data.
- Algorithms capable of predicting structure and/or function based on primary sequences of nucleotides and amino acids.
- Methods of pattern recognition based on associative networks and algorithms design optimized for multiprocessor (e.g., parallel processor) machine architectures.

MECHANISM OF SUPPORT

Support for this program will be through research project grants (R01). Policies that govern research grant programs of the National Institutes of Health apply to this program. Since it is anticipated that potential applicants may wish to enlarge on currently available databases, consortium arrangements are also possible. In addition, collaborative projects between persons with engineering, analytical, and information science skills and molecular biologists are encouraged.

The total amount available for support of grants under this RFA is contingent upon the appropriation of funds for this purpose. The number of awards will be determined by the merit of the proposals and by their relevance to the program goals, as well as by the availability of funds. It is anticipated that in fiscal year 1988 up to one million dollars will be allocated to the research initiatives described in this RFA. This amount may be increased if a large number of highly meritorious applications are received and if funds are available.

APPLICATION AND REVIEW PROCEDURES

Prior to initial scientific merit review, a triage mechanism may be employed to screen out applications that are clearly noncompetitive or nonresponsive to the RFA. Such applications would be returned to the applicant. Applications will be evaluated initially by a special NLM peer review committee for scientific and technical merit. A second review will be conducted by the Board of Regents of the National Library of Medicine. Review criteria include the following:

- Overall scientific merit of the research;
- Potential value of the research for furthering the understanding and utilization of genomic and other macromolecular information;
- Feasibility of the research and adequacy of the experimental design;
- Training, experience, research competence, and dedication of the investigator(s);
- Adequacy of available facilities; and
- Appropriateness of the requested budget for the work proposed.

METHOD OF APPLYING

Applications should be submitted on the new form PHS 398 (rev. 9/86). The RFA label, available in the revised application kit, MUST be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time. Application kits are available at most institutional business or grants offices and from:

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland, 20892

Applications will be accepted in accordance with the following schedule:

TIMETABLE

Receipt Date: February 12, 1988

IRG Review: April 1988

Board Review: May 17-18, 1988

Earliest Funding Date: July 1, 1988

It is essential that applicants type "Molecular Biology Data - Representation/Analysis by Computer" and the RFA Number 88-LM-01 on line 2 on the face page of the application form. The original and four copies of the application should be submitted to the following office:

Grant Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, MD 20892

To expedite the review process, submit two copies of your application directly to:

Biomedical Information Support Branch
Extramural Programs
National Library of Medicine
Lister Hill Building, Room 5S-522
Bethesda, MD 20894

Funding decisions will be based on recommendations of the initial review group and the Board of Regents of the National Library of Medicine regarding scientific merit and program relevance and on the availability of funds.

It is strongly recommended, but not required, that potential applicants contact NLM staff to discuss research objectives. Each prospective applicant is strongly advised to submit, by January 4, 1988, a letter of intent which includes a descriptive title of the proposed research and names of key members of the project. This letter is requested to provide NLM staff with an indication of the number and scope of applications to be reviewed. It does not commit the prospective applicant to submit an application nor is it a requirement for submission of an application. For more information, applicants may contact:

Dr. Roger W. Dahlen
Chief, Biomedical Information
  Support Branch
Extramural Programs
National Library of Medicine
Lister Hill Building, Room 5S-522
Bethesda, MD 20894
Telephone: (301) 496-4221

STUDIES FOR DEVELOPING PROCEDURES TO EVALUATE THE SAFETY OF BOUND DRUG RESIDUES

RFA AVAILABLE: RFA-FDA-CVM-88-1

P.T. 34; K.W. 1007009, 0755010, 0740025

Center for Veterinary Medicine
Food and Drug Administration

Application Receipt Date: January 19, 1988

The Food and Drug Administration (FDA), Center for Veterinary Medicine (CVM) is announcing the anticipated availability of approximately $300,000 for Fiscal Year 1988 for cooperative agreements to support studies for developing procedures to evaluate the safety of drug residues that are bound to tissues of food producing animals. Funds are currently not available for these studies. Accordingly, the government's obligation under this program is contingent upon the availability of appropriated funds from which cooperative agreements will be funded.

The purpose of these agreements will be to provide financial assistance to support research on new models, procedures, or combinations of models and procedures that can contribute to a general approach to evaluating the safety of bound drug residues. Compounds that are known to form covalent bonds, by various mechanisms, to tissue components should be selected as model compounds for the proposed studies. Techniques dealing with the identification or isolation of sufficient quantities of bound residues for toxicological testing and in vitro approaches to the toxicological evaluation of bound residues will also be considered for support under this program. The agency is most interested in complete strategies that will have broad application to the bound residue problems encountered with several classes of animal drugs but will give consideration to proposals addressing significant segments of the problem. FDA anticipates making up to three awards. Support for this program may be for a period of up to three years.

Questions concerning the programmatic aspects of the RFA should be addressed to:

Dr. David B. Batson
Center for Veterinary Medicine (HFV-500)
Food and Drug Administration
5600 Fishers Lane, Room 8-89
Rockville, MD 20857
Telephone (301) 443-6510

Request for copies of the RFA and application kits are available from:

Robert L. Robins
Grants Management Officer
State Contracts and Assistance Agreements Branch
Food and Drug Administration
5600 Fishers Lane (HFA-520)
Park Building, Rm. 320,
Rockville, MD 20857
Telephone (301) 443-6170

ONGOING PROGRAM ANNOUNCEMENTS

HYPERTENSION, DIABETES AND THE VASCULATURE

P.T. 34; K.W. 0715115, 0715075, 0705015, 0715040, 0755030

National Heart, Lung, and Blood Institute
National Institute of Diabetes and Digestive and Kidney Diseases

The Division of Heart and Vascular Diseases of the NHLBI and the Division of Diabetes, Endocrinology and Metabolic Diseases of the NIDDK encourage grant applications on basic and clinical research that will increase our knowledge and understanding of the mechanisms by which hypertension and diabetes mellitus interact in the pathogenesis of vascular disease.

BACKGROUND

Considerable evidence indicates that the prevalence of hypertension is increased in patients with both insulin-dependent and noninsulin-dependent diabetes. Also of note is the fact that blood pressure correlates significantly with blood glucose. Such an association has major clinical consequences since it has been reported that the major cause of mortality later in life in insulin-dependent diabetes and in all patients with noninsulin-dependent diabetes is macrovascular disease. Delineation of the precise nature of the association is complicated, however, by such factors as concurrent obesity, renal involvement, type and duration of disease, therapy, and presence of vascular disease.

Although it is uncertain how the two diseases are related etiologically, there are some recent observations indicating possible new research approaches and opportunities that may lead to improved understanding of how diabetes and hypertension intersect to increase the incidence of coronary artery disease, cerebrovascular disease and peripheral vascular disease. One line of investigation suggests that plasma insulin and blood glucose levels can influence blood pressure regulation. Specifically, increases in circulating insulin levels can cause sodium retention and stimulate the sympathetic nervous system. A second line of investigation suggests that hypertension and diabetes accelerate the development of atherosclerosis and its complications. It appears that both conditions enhance arterial permeability, stimulate migration and proliferation of arterial smooth muscle, increase connective tissue deposition, promote entry of blood borne cells into the intima, and induce intimal thickening. In spite of the clinical magnitude of vascular disease that results from both hypertension and diabetes, and in spite of such promising new leads, there is very little extant research aimed at uncovering basic mechanisms by which hypertension and diabetes interact in their contributions to vascular disease.

RESEARCH GOALS AND SCOPE

The goal of this program announcement is to stimulate basic and clinical research that will elucidate the fundamental mechanisms by which diabetes mellitus and hypertension interact to contribute to the pathogenesis of vascular disease.

The research scope of this program is broad and will encompass a wide range of basic and clinical research disciplines, such as biochemistry, biophysics, cellular biology, endocrinology, genetics, molecular biology, pharmacology and physiology. Some examples of relevant research areas are listed below, but applications are not limited to these topics:

1. Development of suitable animal models to examine the influence of both hypertension and diabetes on the micro-and macrocirculation.
2. Determination of the influence of diabetes, insulin, and glucose on the contractile function of vascular segments or vascular reactivity, including the elucidation of the mechanisms responsible for the observed effects. Such studies might address, for example, receptor characterization, sodium-potassium ATPase activity, calcium flux, and second messenger interactions.
3. Delineation of the relative roles of the sympathetic nervous system, the renin-angiotensin-aldosterone system, humoral factors, and renal mechanisms mediating the rise in blood pressure associated with increased insulin levels.
4. Investigation of the single and combined effects of diabetes and hypertension on atherogenesis. Examples of studies could include the effects of ambient insulin and glucose concentration on: endothelial cell function; arterial smooth muscle cell migration, proliferation and responses to growth factors; connective tissue production and glycosylation; and receptor binding and endocytosis of lipoproteins.

APPLICATION AND REVIEW PROCEDURES

Applicants should use the regular research grant application (PHS 398, revised 9/86). If applications are not available at the institution's business office or central application control office, an individual copy may be requested by writing to Division of Research Grants (DRG), NIH. There are three receipt dates each year for new applications: February 1, June 1, October 1. All applications will be assigned by the Division of Research Grants for review according to the NIH process for regular research grant applications. Secondary reviews will be by the National Heart, Lung, and Blood Advisory Council and the National Diabetes and Digestive and Kidney Diseases Advisory Council. Applications recommended for approval will compete for available funds with all other approved applications assigned to the two Institutes. However, since the Institutes and their Advisory Councils have identified this research area to be of particular program interest, applications responsive to this announcement will be brought to the special attention of the Councils.

Applicants from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter of agreement from the GCRC Program Director should be included in the application material.

In order to identify the application as a response to this program announcement, check "yes" on Item 2 of the application face page with the title HYPERTENSION, DIABETES AND THE VASCULATURE. The original and six copies of the application should be mailed to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892

Applicants are requested to mail a copy of the face page to:

Dr. Robert E. Silverman, Chief
Diabetes Program Branch
National Institute of Diabetes and
Digestive and Kidney Diseases
Westwood Building - Room 626
Bethesda, Maryland 20892
Telephone: (301) 496-7888

AND

Dr. Stephen C. Mockrin, Deputy Chief
Hypertension and Kidney Diseases Branch
National Heart, Lung, and Blood Institute
Federal Building - Room 4C10
Bethesda, Maryland 20892
Telephone: (301) 496-1857

Requests for additional information or questions regarding this program may be directed to either of the above.

*The programs of the two Institutes are identified in the Catalog of Federal Domestic Assistance, number 13.837. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to review by a Health Systems Agency.

MINORITY INVESTIGATOR RESEARCH SUPPLEMENT

P.T. 34, FF; K.W. 0705015, 0705065, 0750010, 0710030

National Heart, Lung, and Blood Institute

INTRODUCTION

The purpose of this announcement is to attract minority investigators to careers in heart, lung, or blood research by providing supplemental funds to ongoing research grants supported by the NHLBI.

DESCRIPTION

The National Heart, Lung, and Blood Institute (NHLBI) will provide support for members of minority groups underrepresented in biomedical or behavioral research through the Minority Investigator Research Supplement program. This supplement addresses the recruitment of eligible individuals from the full spectrum of minority groups, but with a special emphasis on Blacks, Hispanics, and Native Americans.

Principal investigators who are supported by NHLBI research grants (including R01s, R18s, R37s, P01s, P50s, and P60s) and who are interested in including underrepresented minority investigators in ongoing research may submit a request for an administrative supplement for this purpose.

ELIGIBILITY

Any principal investigator with an active R01, R18, R37, P01, P50, or P60 NHLBI grant that has a minimum of two years of research support remaining at the time of a supplemental award is eligible to submit a request for an administrative supplement for the purpose of recruiting a minority investigator to work on the research grant.

A. Minority Investigator - A minority investigator is defined as an individual from a minority group underrepresented in biomedical or behavioral sciences. The minority investigator may be affiliated with the applicant institution or with another nearby institution. The program is intended for the M.D. or Ph.D. who is generally at the junior faculty level, instructor or assistant professor, with at least one year postdoctoral research experience, but who has not received previous funding from NIH as an independent investigator. The minority investigator must make at least a two year commitment and must spend at least 30% time on research supported by the parent grant. This supplement is not intended to support summer-only research.

B. Research Experience - The proposed research experience must be part of the ongoing research of the parent grant. When an award is issued, there should be at least two years of research support remaining on the parent grant. As part of this research experience the minority investigator should have the opportunity to interact with investigators on the parent grant, should be able to contribute intellectually to the research, and should have the opportunity to enhance his/her research skills.

PROVISIONS

In order to receive a Minority Investigator Research Supplement there must be, at the time of the supplemental award, a minimum of two years future support remaining on the parent grant. In the first budget period, funds will be provided as an administrative supplement to the ongoing research grant. In future budget periods, funds for the minority supplement will be included in the award to the parent grant. Each annual supplemental budget should not exceed $30,000 in direct costs, limited to salary, supplies, and travel, and may not include equipment. The continuation of support for the minority supplement in subsequent years of the grant will depend upon a satisfactory review of progress made, research proposed for the next budget period, and the budget. The minority supplement progress report will be submitted as part of the noncompeting continuation application of the principal investigator. Funding for the supplement always is contingent on funding of the parent grant, and cannot extend beyond the project period of the parent grant. Supplemental awards under this program are for the sole purpose of supporting the research experience of the minority investigator. A minority investigator may receive support under this program on only one grant. The support should be for a minimum of two years duration, and each parent grant can have only one minority investigator at a time. Simultaneous or overlapping Minority Investigator Research Supplements will not be considered.

The funding of this administrative supplement does not preclude the subsequent submission of applications for career development awards (K series) or investigator-initiated research grants by the minority investigator. A minority investigator who previously received a K series award, or an investigator-initiated research project grant from NIH is not eligible to apply for this award.

REVIEW CRITERIA

The research training committees composed of staff from the heart, lung, and blood programs will review requests for supplemental support under this announcement using the following criteria:

- Prior research training and experience of the minority investigator,
- Plans for the proposed research experience in the supplemental request and its relationship to the parent grant, and
- Assurance from the principal investigator that the experience will enhance the research potential and skills of the minority investigator.

APPLICATION PROCEDURES

The principal investigator of the parent grant should submit a request for supplemental funds directly to the NHLBI program division that supports the parent grant. The request should include the following: 1) a letter with the title and grant number of the parent grant and a statement that this is a request for a Minority Investigator Research Supplement, 2) a brief 3-4 page description of the proposed research experience and how it will expand the capabilities and foster the independent research career of the minority investigator, 3) a statement from the minority investigator outlining research objectives and career goals, 4) a biographical sketch of the minority investigator that includes a list of publications and other evidence of scientific achievement, and 5) a proposed budget for the research experience. The request must be signed by principal investigator and the appropriate institutional business official.

Requests may be submitted at any time.

The original and four (4) copies of the request should be sent to the NHLBI program division that supports the parent grant. Division representatives are:

Dr. George A. Hayden
Research Training and Development Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 3C01
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1724

or

Ms. Diane L. Aiken
Prevention, Education, and Research Training Branch
Division of Lung Diseases
National Heart, Lung, and Blood Institute
Westwood Building, Room 640
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7668

or

Dr. Christine Parker
Program Planning and Prevention Branch
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building, Room 5C04
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-4186

or

Dr. Katrina W. Johnson
Prevention and Demonstration Research Branch
Division of Epidemiology and Clinical Applications
National Heart, Lung, and Blood Institute
Federal Building, Room 5C10B
Telephone: (301) 496-3503

The programs of the National Heart, Lung, and Blood Institute are identified in Catalog of Federal Domestic Assistance, number 13.837, 13.838, and 13.839. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

BIOCHEMISTRY OF ANTIVIRAL AGENTS IN EUKARYOTIC CELLS

P.T. 34; K.W. 1002045, 0740020, 1003002, 0760075

National Institute of Allergy and Infectious Diseases

BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) currently supports a large number of clinical and basic research projects on the Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immunodeficiency Syndrome (AIDS). These include research directed toward the epidemiology, prevention, pathogenesis and treatment of the disease and its sequelae. NIAID has undertaken a lead role in organizing scientists into the National Cooperative Drug Discovery Groups for the Treatment of AIDS (NCDDG/AIDS). The NCDDG/AIDS are composed of scientists from a combination of academic, non-profit, and commercial organizations, that interact as a unit with NIAID support, to carry out preclinical research aimed at the discovery of agents which can be used in the treatment of AIDS. Although this program has been favorably received, the NIAID wishes to expand the areas of investigator-initiated research currently being funded. This Program Announcement solicits applications from investigators who wish to play a very active role in defining the direction of this research. While no funds are specifically set aside for funding grants submitted in response to this Program Announcement, additional high quality research in this area is of high priority to the NIAID.

OBJECTIVES AND SCOPE

The objective of this Program Announcement is to stimulate research on the biochemistry of antiviral agents in eukaryotic cells, particularly cells susceptible to HIV infection. Directions may include elucidation of the metabolic steps involved in activation and inactivation of nucleoside analogues in various HIV-susceptible cells. For example, work on pyrimidine biosynthesis in macrophages has revealed that macrophages have very low levels of deoxythymidine kinase. This would imply that pyrimidine nucleoside analogues may be less active in macrophages than in lymphocytes. Investigators are encouraged but not required to form collaborations with virologists involved in HIV biology so that uninfected and infected cells can be compared. For example, little information is available on the effect of HIV infection on the permeability of infected cells to nucleoside, nucleotide, or oligonucleotide therapeutics. Other approaches may be directed toward elucidation of unique biochemical properties of HIV-infected cells that suggest new anti-HIV therapies. For example, characterization of viral sequence-specific DNA-binding protein(s) may lead to development of an oligonucleotide therapeutic to block HIV replication. Although human cells are of primary interest, comparison of human and animal cells would fall under the scope of this announcement. For example, comparison of human and chimpanzee proteins regulated by HIV infection may shed light on the mechanism by which replication of HIV is blocked in chimpanzees, even though their cells carry the OKT4 receptor.

The approaches outlined above are not intended to be comprehensive or required. Any investigations on a biochemical pathway or biomolecule present in cells susceptible to HIV that is altered by HIV infection or that is involved in the metabolism or mechanism of action of a potential AIDS therapeutic are encouraged under this Program Announcement.

METHOD OF APPLICATION

Use the standard research Grant Application Form PHS 398 (Rev. 9/86). For purposes of identification and processing, the words "NIAID Biochemistry of Antiviral Agents in Eukaryotic Cells" should be typed in item 2 on the face page of the application. The receipt dates will be the usual receipt dates of Feb. 1, June 1 and Oct. 1 (as shown on pg 11 of the PHS 398 application instructions). Mail the complete application and six (6) exact copies to:

Office of Grant Inquiries
Room 240, Westwood Building
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20892

Send a copy of the face page of the application to the individual listed below under INQUIRIES.

REVIEW PROCEDURES AND CRITERIA

Support for this program will be through the traditional research grant. Applications will be reviewed by the appropriate Study Sections designated by the Division of Research Grants. A second review will be made by the National Advisory Allergy and Infectious Diseases Council. Review criteria will be the same as those for traditional research grant applications.

INQUIRIES

Additional information may be obtained from:

Margaret I. Johnston, Ph.D.
Head, Molecular Mechanisms Section
Developmental Therapeutics Branch
AIDS Program, NIAID
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-8197

EXPRESSION OF THE HUMAN OKT4 ANTIGEN ON THE SURFACE OF NON-LYMPHOID CELLS

P.T. 34; K.W. 1002019, 0710065, 0715120

National Institute of Allergy and Infectious Diseases

BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) currently supports a large number of clinical and basic research projects on the Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immunodeficiency Syndrome (AIDS). These include research directed toward the epidemiology, prevention, pathogenesis and treatment of the disease and its sequelae. NIAID has undertaken a lead role in organizing scientists into the National Cooperative Drug Discovery Groups for the Treatment of AIDS (NCDDG/AIDS). The NCDDG/AIDS are composed of scientists from a combination of academic, non-profit, and commercial organizations, that interact as a unit with NIAID support, to carry out preclinical research aimed at the discovery of therapies for AIDS. Although this program has been favorably received, the NIAID wishes to expand the areas of investigator-initiated research currently funded. This Program Announcement solicits applications from investigators who wish to play an active role in defining the direction of this research. While no funds are specifically set aside for funding grants submitted in response to this Program Announcement, additional high quality research in this area is of high priority to the NIAID.

OBJECTIVES AND SCOPE

The NIAID wishes to stimulate research on the generation, testing and subsequent application of animals and cells which express the human OKT4 receptor, in whole, in part, or as a hybrid protein. A major limitation in studies on AIDS is the inability to efficiently grow HIV in cell lines or animals. It appears that HIV strains are capable of replication only in cells that express the human OKT4 receptor. At present, cultivation of isolated human cells is expensive and requires skills other than those required for utilization of continuous cell lines. The availability of cell lines that express an active HIV receptor would promote the study of HIV by scientists who do not have experience in the techniques of lymphocyte cultivation. Further insight into the preferential tropism of certain HIV isolates for some cell types would also be possible. Most importantly, establishment of cell lines competent to carry out any one or more of a variety of steps of HIV replication may facilitate testing of inhibitors of each step of HIV replication, allow a more thorough understanding of the mechanism of action of each potential therapeutic, and thereby provide valuable information on the design of new therapies or combinations of therapies.

Production of transgenic cells and or animals is also expected to be useful in defining specific human genes and epitopes required for uptake of HIV, for replication of HIV, and for the immunopathogenic response to HIV. For example, HIV does not appear to replicate in animals other than the chimpanzee, in which HIV does not appear to produce an immunodeficiency disorder. Availability of a chimeric rodent or other non-primate animal in which the human HIV retrovirus produces an immunodeficiency syndrome would open a new arena of research into the efficacy and mode of action of potential therapies for AIDS. Stringent precautions should be instituted if it is anticipated that the approach taken may generate another animal reservoir for HIV.

The approaches outlined above are not meant to be comprehensive or required. Any investigations on production, testing, and application of transgenic cells or animals that express antigen(s) required for one or more steps of HIV replication or the pathogenic effects of HIV are encouraged under this Program Announcement.

METHOD OF APPLICATION

Use the standard research Grant Application Form PHS 398 (Rev. 9/86). For purposes of identification and processing, the words "NIAID Expression of the Human OKT4 Antigen on the Surface of Nonlymphoid cells" should be typed in item 2 on the face page of the application. The receipt dates will be the usual receipt dates of Feb. 1, June 1 and Oct. 1 (as shown on pg 11 of the PHS 398 application instructions). Mail the complete application and six (6) exact copies to:

Office of Grant Inquiries
Room 240, Westwood Building
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20892

Send a copy of the face page of the application to the individual listed below under INQUIRIES.

REVIEW PROCEDURES AND CRITERIA

Support for this program will be through the traditional research grant. Applications will be reviewed by the appropriate Study Sections designated by the Division of Research Grants. A second review will be made by the National Advisory Allergy and Infectious Diseases Council. Review criteria will be the same as those for traditional research grant applications.

INQUIRIES

Additional information may be obtained from:

John J. McGowan, Ph.D.,
Chief, Developmental Therapeutics Branch, AIDS Program,
NIAID,
National Institutes of Health,
Bethesda, Maryland 20892
Telephone: (301) 496-8197

CHILD AND ADOLESCENT MENTAL HEALTH ACADEMIC AWARD

P.T. 34, AA; K.W. 0715095, 0414000

National Institute of Mental Health

The National Institute of Mental Health announces the Child and Adolescent Mental Health Academic Award. The purpose of this award is to assist in the development of a resource person in academic settings who is oriented toward research in child and adolescent mental disorders. The award, made to an institution, provides a faculty member with opportunity for 3 years of special study and supervised experience to prepare for a faculty leadership role in child and adolescent mental health research. Applications are encouraged from women and minority faculty or from historically minority institutions. Salary support is based on a full-time, 12-month staff appointment, consistent with the established salary structure at the institution. The award may not be renewed. Applications in response to this announcement will be accepted under the usual Public Health Service receipt dates for new applications, beginning February 1, 1988. Potential applicants interested in obtaining further information should contact:

Jon A. Shaw, M.D.
Chief, Child and Adolescent Disorders Research Branch
or
Eleanor Dibble, D.S.W.
Program Director, Clinical Research Training
Child and Adolescent Disorders Research Branch

The address for both of the above is:

Division of Clinical Research
National Institute of Mental Health
Room 10-104, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-5944

GERIATRIC MENTAL HEALTH ACADEMIC AWARD

P.T. 34; K.W. 0710010, 0715095

National Institute of Mental Health

The National Institute of Mental Health has revised its announcement for the Geriatric Mental Health Academic Award. The purpose of this award is to assist in the development of academically situated, research-oriented persons in the area of mental disorders of the aging. The award, made to an institution, provides a faculty member who is a psychiatrist or a psychiatric nurse with the opportunity for 3 years of special study and supervised experience to prepare for a faculty leadership role in geriatric mental health research. Applications are encouraged from women and minority faculty or from historically minority institutions. Salary support of up to $45,000 may be provided. The total amount of funding will depend on appropriated funds and program priorities at the time of the award. Applications in response to this announcement will be accepted under the usual Public Health Service receipt dates for new applications, beginning February 1, 1988. Potential applicants interested in obtaining further information should contact:

Barry D. Lebowitz, Ph.D.
Chief, Mental Disorders of the Aging Research Branch
Division of Clinical Research
National Institute of Mental Health
Room 11C-03, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-1185

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ERRATUM

RESEARCH CENTERS FOR AIDS DEMENTIA AND OTHER RETROVIRUS-ASSOCIATED NEUROLOGICAL DISORDERS

P.T. 04; K.W. 0715120, 0710085, 1003002, 0785110, 0414000

National Institute of Neurological and Communicative Disorders and Stroke

In the above-captioned RFA, published in the November 13, 1987 issue of this Guide, no telephone number was given for the staff contact for the RFA, Dr. A.P. Kerza-Kwiatecki. Dr. Kerza-Kwiatecki may be reached at (301) 496-1431.

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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NOTICE

NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 0201011, 1014003

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: January 28-29, 1988

Location: Albuquerque, New Mexico

Contact:

Ms. Rynda Gibbs
University of New Mexico School of Medicine
Continuing Medical Education
815 Vassar N.E.
Albuquerque, New Mexico 87131
Telephone: (505) 277-3942

Date: March 22-23, 1988

Location: Durham, North Carolina

Contact:

Ms. Sandy Huskins or
Ms. Pat McAdams
Duke University
Creative Conference Planners
2900 Harriman Avenue
Durham, North Carolina
Telephone: (800) 845-1054 or
(919) 782-1905

Other workshops are being planned and will be announced in future issues of the NIH Guide for Grants and Contracts.

For additional information contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office for Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

CASE CONTROL STUDY OF INDOOR RADON LEVELS, CIGARETTE SMOKING EXPOSURE AND CANCER

RFP AVAILABLE: NIH-ES-88-05

P.T. 34; K.W. 0785055, 0715035, 0715165

National Institute of Environmental Health Sciences

The Division of Biometry and Risk Assessment, National Institute of Environmental Health Sciences, is planning to initiate a case-control study of the relationship between both active and passive smoking and alpha radiation from indoor radon pollution with respect to the onset of cancer of the lung and other potential target sites that have been identified in ecologic and industrial studies. Offerors will be required to define an appropriate population for study and design a case-control study to assess the interaction between alpha radiation from indoor radon pollution and cigarette smoke in the onset of lung cancer and cancer at other specified sites. The estimated period of performance is thirty (30) months. This thirty-month period may involve approximately 1.30 person years of professional effort, approximately 5.80 person years of technical effort and approximately 1.20 person years of clerical effort. All responsible sources may submit a proposal. A maximum of two awards is planned.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-ES-88-05 will be issued on or about January 11, 1988, with a closing date for receipt of proposals set for February 22, 1988.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered by the agency. Requests for copies of the RFP will be honored if received within 20 calendar days after the scheduled issue date of the RFP. Requests received after this period will be filled on a first-come, first-served basis until the supply is exhausted. The RFP package will be available upon written request to:

Velvet M. Torain
Contract Specialist
National Institute of Environmental Health Sciences
P.O. Box 12874
79 T. W. Alexander Drive, 4401 Building
Research Triangle Park, North Carolina 27709

DEVELOPMENTAL TOXICITY TESTING AND RESEARCH

RFP AVAILABLE: NIH-ES-88-01

P.T. 34; K.W. 1007009, 0775030, 0775020

National Institute of Environmental Health Sciences

The purpose of this project is to test chemical agents for their potential to cause developmental and reproductive toxicity. This project will involve two tasks. Task I provides for the screening of developmental toxicants. Task II provides for the testing of chemical agents for their potential to cause teratogenicity and developmental toxicity. Task I will consist of developmental toxicity screen studies in which 75 chemicals will be tested over the 5-year period in two species each. A study is defined as the testing of one chemical in one species; one chemical studied in two species is counted as two studies. Thus, 150 studies will be conducted under Task I. The number of pregnant animals used and the endpoints examined shall be sufficient to indicate the potential for developmental toxicity and the dose levels that will be used in a definitive teratology study. Task I shall be conducted with rats, mice, and rabbits.

Task II will involve primarily FDA Segment 2 teratology studies, although other studies such as multigeneration, FDA Segment 1 or 3, or other studies involving a research component may be required. The proposed research shall provide testing of chemical agents for their potential to cause teratogenicity and developmental toxicity. The number of studies (i.e., one conventional teratology study or its equivalent) to be carried out within the first year is estimated to be approximately 10-12. The types of chemicals may include, but not be limited to: industrial solvents, plasticizers, food preservatives and colorants, drugs, pesticides, and heavy metals. Certification of concentration of chemicals in the dosage form shall be required for 10-12 chemicals/year. Completion-type contracts are contemplated for both Task I and Task II. Proposals must be clearly identified as related to Task I or Task II. Tasks must be costed separately and separate awards may be made. A maximum of two awards is planned.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-ES-88-01 is now available, with a closing date for receipt of proposals set for February 1, 1988.

Requests should reference RFP NIH-ES-88-01 and should be forwarded to:

National Institute of Environmental Health Sciences
Contracts Management Office, OAM
Attn: Ms. Elizabeth B. Ford
79 T.W. Alexander Drive, 4401 Building
P.O. Box 12874
Research Triangle Park, North Carolina 27709

ENDOCRINE ASPECTS OF AIDS

RFA AVAILABLE: 88-DK-05

P.T. 34; K.W. 0785050, 0715120, 0745020, 0705040, 0760025, 0765015

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: March 15, 1988

AIDS involves multiple organ systems. In addition to the well known immunologic, pulmonary, gastrointestinal and neurologic manifestations of AIDS, endocrine dysfunction appears to play a significant role in the clinical picture of AIDS. Adrenal insufficiency has been reported in patients with AIDS and autopsy studies have shown evidence of adrenal necrosis and adrenal cytomegalovirus infection in some patients. Because even partial adrenal insufficiency can severely compromise recovery from catastrophic illness, such as the opportunistic infections complicating AIDS, screening of AIDS patients for adrenal insufficiency is often appropriate. Information is needed on methods and indications for optimal screening for adrenal insufficiency in AIDS patients.

In addition to dysfunction of endocrine systems in AIDS, investigation of the newly recognized endocrine-immune axis may contribute to our understanding of the pathogenesis of AIDS and other disorders of the immune system. Whereas glucocorticoids have a well established role in the immune response to infection, the ability of other hormones to directly modulate the immune response has just begun to be elucidated. Scientists have discovered that the immune and neuroendocrine systems share a set of receptors and hormones. Evidence of bidirectional communication between the endocrine and immune systems includes:

- Cells of the immune system synthesize biologically active neuroendocrine hormones in quantities adequate for physiologic significance.
- Leukocyte synthesis of ACTH and endorphins is regulated by immune stimulants, such as viruses, as well as by traditional pituitary regulators such as hypothalamic peptides and glucocorticoids.
- Leukocytes possess functional receptors for these neuropeptide hormones and the hormones specifically modulate immune responses such as antibody production, lymphocyte proliferation in response to T cell mitogens, natural killer cell activity, mononuclear cell chemotaxis, and lymphokine production.
- ACTH made by leukocytes directly influences adrenal function, and glucocorticoids have direct effects on T cell lysis and sequestration, and on lymphokine production.
- Prolactin is an immunoregulator with effects on T lymphocyte dependent antibody production, skin graft rejection, development of contact sensitivity and in vitro mixed lymphocyte reaction.
- Insulin receptors are present on T-lymphocytes and have been postulated to participate in regulation of immune responses.

The nature and mechanism of interactions between the pituitary-adrenal axis and the immune system is an important area for further investigation with direct relevance to AIDS and other disorders of immune function.

RESEARCH GOALS AND SCOPE

The goal of this RFA is to solicit multidisciplinary research in the interface between endocrinology and immunology, in order to advance our understanding of the pathogenesis of AIDS, help in the evaluation, classification, and diagnosis of AIDS, or lead to development of treatment modalities to retard the disease process and enhance immune function in patients with AIDS. Areas of investigations of interest to NIDDK include but are not limited to:

- Studies of the incidence of endocrine dysfunction in AIDS.
- Characterization of endocrine dysfunction in AIDS.
- Development of appropriate methods of diagnosis of endocrine dysfunction in AIDS.

- Characterization of physiological interactions between the endocrine and immune systems including possible alterations in AIDS.
- Studies of hormone production and its regulation in populations of immune cells including effects of AIDS on hormone synthesis by immune cells.
- Studies of hormonal regulation of immune cell function including its alteration in AIDS.
- Investigation of the immune-pituitary axis in response to somatic stimuli, such as infection, and the effects of AIDS on this process.
- Studies on the immune-adrenal axis and its alteration in AIDS.
- Investigation into the nature and mechanisms of corticosteroid regulation of the immune system in AIDS.

MECHANISM OF SUPPORT

The mechanism of support for this program will be the grant-in-aid (R01). Although this solicitation is included in the funding plans for Fiscal Year 1988 for NIDDK, support is contingent upon receipt of appropriated funds for this purpose. The NIDDK plans to designate a total of $1,500,000 (direct and indirect costs) for the support of applications submitted in response to this solicitation; however, the specific amount to be funded will depend upon the overall merit and scope of the applications received. It is anticipated that approximately 10 to 15 grants will be awarded under this solicitation.

REVIEW PROCEDURES AND CRITERIA

Upon receipt, applications will be reviewed by staff for their responsiveness to the objectives of this RFA. If the application is considered unresponsive, the applicant will be contacted and given an opportunity to withdraw the application or have it considered for the regular grant program of the NIH.

Applications in response to this solicitation will be reviewed on a nationwide basis and in accord with the usual NIH peer review procedures. Applications will first be reviewed for scientific and technical merit by an Initial Review Group, which will be arranged by the Review Branch, Division of Extramural Activities, NIDDK. This group will be composed primarily of non-federal scientific consultants. The applications will then be reviewed by the National Advisory Council of NIDDK.

METHOD OF APPLYING

Applications should be submitted on form PHS 398(revised 9/86), which is available from an applicant institution's Office of Sponsored Research or from the NIH Division of Research Grants. Use the conventional format for research project grant applications and ensure that the points identified in this announcement are fulfilled. To identify the application as a response to this RFA, check "yes" on item two of page one of the application and enter the title "Endocrine Aspects of AIDS" and the RFA Number 88-DK-05. The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

The original and four copies of the application should be sent or delivered to:

Application Receipt
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892**

Two additional copies of the application are to be sent to:

Review Branch
National Institute of Diabetes and Digestive and Kidney Diseases, NIH
Westwood Building, Room 406
Bethesda, Maryland 20892**

Prospective applicants are encouraged to submit a one-page letter of intent. This letter should be received no later than February 1, 1988 and should be sent to program staff identified under inquiries below.

Applications must be received by March 15. Any applications not received by this date will be considered ineligible for this special solicitation.

APPLICATION RECEIPT	INITIAL REVIEW	COUNCIL REVIEW	EARLIEST START DATE
March 15, 1988	May/June 1988	Sept. 1988	Sept. 1988

For further information, investigators are encouraged to contact the following office:

Judith Fradkin, M.D.
Chief, Endocrine and Metabolic Diseases Programs Branch
Division of Diabetes, Endocrinology, and Metabolic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 603
Bethesda, Maryland 20892**
Telephone: (301) 496-7791

ENDOCRINE BASIS OF WASTING IN AIDS

RFA AVAILABLE: 88-DK-06

P.T. 34; K.W. 0785050, 0715120, 0715085

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: March 15, 1988

BACKGROUND:

Wasting is a hallmark of AIDS. AIDS patients frequently experience diarrhea and malabsorption which may result from a variety of gastrointestinal pathologies including infectious agents, neoplasms and inflammatory changes. However, severe and relentless tissue wasting is seen in patients with AIDS with modest intestinal dysfunction and without diarrhea. The pathophysiology of the severe weight loss common in AIDS is poorly understood and is likely to involve mechanisms other than gastrointestinal dysfunction.

Patients with malignancy, chronic inflammatory illness or immunodeficiency are often cachetic. The cachexia may occur when the tumor or parasite burden is small and may persist despite adequate caloric intake. There is a growing awareness that endogenous mediators are essential elements in the pathogenesis of wasting diatheses. Cachexin (tumor necrosis factor) is a macrophage hormone originally isolated in the course of studies aimed at delineating basic mechanisms of cachexia in chronic disease. Its metabolic effects include suppression of the expression of lipoprotein lipase (LPL) and several other adipose specific enzymes. Cachexin thus prevents the uptake and storage of exogenous triglyceride and causes a net loss of triglyceride from fat. Cachexin is not the only monokine which suppresses LPL; interleukin-1 also has this effect. Tumors produce a variety of hormones that exert metabolic effects and result in well-recognized paraneoplastic syndromes. Tumor-derived growth factors also affect the metabolic responses of target cells. Whether cell derived peptides play a role in mediating the wasting diathesis of AIDS remains to be established.

RESEARCH GOALS AND SCOPE

In some chronic diseases, the timing of death is likely to be determined as much by the body's energy reserve as by the activity of the disease process itself. Severe weight loss of itself can impair the function of the immune system and affect the susceptibility of individuals to infection. Thus severe weight loss contributes significantly to the morbidity and mortality of AIDS.

This RFA is intended to stimulate research which will elucidate the endocrine and metabolic basis of wasting in AIDS with the ultimate goal of developing strategies to reverse the wasting diathesis of AIDS.

Areas of investigation of interest to NIDDK include but are not limited to:

- The role of cachexin and/or other monokines in the pathogenesis of wasting in AIDS and other chronic diseases;

- Identification of hormones, growth factors, lipid mobilizing factors or other peptides which may contribute to wasting in AIDS;
- Identification and characterization of aberrant metabolic patterns in AIDS such as homeostatic responses to decreased fuel intake;
- Regulation of lipolysis and lipogenesis in AIDS and identification and characterization of specific abnormalities of lipid metabolism;
- Regulation of muscle mass and nitrogen balance in AIDS;
- Studies of whether abnormalities in insulin secretion or sensitivity may be involved in decreased fat stores in AIDS.

MECHANISM OF SUPPORT

The mechanism of support for this program will be the grant-in-aid (R01). Although this solicitation is included in the funding plans for Fiscal Year 1988 for NIDDK, support is contingent upon receipt of appropriated funds for this purpose. The NIDDK plans to designate a total of $750,000 (direct and indirect costs) for the support of applications submitted in response to this solicitation; however, the specific amount to be funded will depend upon the overall merit and scope of the applications received. It is anticipated that approximately 5 to 8 grants will be awarded under this solicitation.

REVIEW PROCEDURES AND CRITERIA

Upon receipt, applications will be reviewed by staff for their responsiveness to the objectives of this RFA. If the application is considered unresponsive, the applicant will be contacted and given an opportunity to withdraw the application or have it considered for the regular grant program of the NIH.

Applications in response to this solicitation will be reviewed on a nationwide basis and in accord with the usual NIH peer review procedures. Applications will first be reviewed for scientific and technical merit by an Initial Review Group, which will be arranged by the Review Branch, Division of Extramural Activities, NIDDK. This group will be composed primarily of non-federal scientific consultants. The applications will then be reviewed by the National Advisory Council of NIDDK.

METHOD OF APPLYING

Applications should be submitted on form PHS 398 (revised 9/86), which is available from an applicant institution's Office of Sponsored Research or from the NIH Division of Research Grants. Use the conventional format for research project grant applications and ensure that the points identified in this announcement are fulfilled. To identify the application as a response to this RFA, check "yes" on item two of page one of the application and enter the title "Endocrine Basis of Wasting in AIDS" and the RFA Number 88-DK-06. The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

The original and four copies of the application should be sent or delivered to:

Application Receipt
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892**

Two additional copies of the application are to be sent to:

Review Branch
National Institute of Diabetes and Digestive and Kidney Diseases, NIH
Westwood Building, Room 406
Bethesda, Maryland 20892**

Prospective applicants are encouraged to submit a one-page letter of intent. This letter should be received no later than February 1, 1988 and should be sent to program staff identified under inquiries below.

Applications must be received by March 15. Any applications not received by this date will be considered ineligible for this special solicitation.

APPLICATION RECEIPT	INITIAL REVIEW	COUNCIL REVIEW	EARLIEST START DATE
March 15, 1988	May/June 1988	Sept. 1988	Sept. 1988

For further information, investigators are encouraged to contact the following office:

Judith Fradkin, M.D.
Chief, Endocrine and Metabolic Diseases Programs Branch
Division of Diabetes, Endocrinology, and Metabolic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
Westwood Building, Room 603
Bethesda, Maryland 20892**
Telephone: (301) 496-7791

NIH SMALL INSTRUMENTS GRANTS PROGRAM

P.T. 34; K.W. 0735000

National Institutes of Health

Application Receipt Date: February 16, 1988

BACKGROUND

In its appropriation for the NIH for Fiscal Year 1987, the Congress included a total of $16 million to be spent by the respective Bureaus, Institutes, and Divisions (BIDs) for the funding of grants to purchase small instruments costing between $5,000 and $60,000. This action was in response to several recent studies of the problem of obsolete biomedical research instrumentation indicating that the state of biomedical research instrumentation has seriously eroded over the last ten years and that this situation is retarding the progress of biomedical research. The most significant need identified in these studies is for the relatively low-cost pieces of equipment in the price range of approximately $5,000 to $60,000.

It is anticipated that funds, at approximately last year's level, will be available for small instrumentation grants this year.

ELIGIBILITY AND TERMS OF AWARD

Each institution that received support under the Biomedical Research Support Grant (BRSG) Program in Fiscal Year 1987 and currently has active NIH research grants is eligible to apply. Only one application may be submitted from each eligible institution or organizational unit. Each institution may establish its own procedures for identifying equipment requests to be included.

The small instrumentation award will be restricted to the purchase of equipment costing between $5,000 and $60,000. Awards will be made on or before September 30, 1988. The amount of the award will be based upon a percentage of the institution's Biomedical Research Support Grant award for Fiscal Year 1987 or $5,000, whichever is greater. Specific funding decisions will depend on available BID appropriations as well as the appropriateness of the request. Institutions will be notified of the maximum amount for which they may apply.

METHOD OF APPLYING

Letters of instruction have been mailed to eligible institutions.

Completed applications must be received by February 16, 1988.

Investigators interested in participating in their institution's application must contact the institution's Biomedical Research Support Grant Program Director. Institutional officials who expect to be involved in preparing an application are requested to review the letter of instruction prior to contacting NIH.

BIOMEDICAL RESEARCH SUPPORT GRANT APPLICATIONS FOR FISCAL YEAR 1988

P.T. 34; K.W. 0710030, 1014002

Division of Research Resources

Application Receipt Date: January 6, 1988

BACKGROUND

The Biomedical Research Support Grant (BRSG) Program is designed to provide funds to eligible institutions (i.e., those heavily engaged in health-related research) to strengthen their programs by allowing flexibility to meet emerging opportunities in research; to explore new and unorthodox ideas; and to use these research funds in ways and for purposes which, in the judgment of the grantee institution, would contribute most effectively to the furtherance of their research program.

ELIGIBILITY

Awards are made to non-profit institutions, not directly to individual investigators. Health professional schools, other academic institutions, hospitals, state and municipal health agencies, and research organizations may apply, if during FY 1987 (October 1, 1986 through September 30, 1987), the institution was awarded a minimum of three allowable PHS biomedical or health-related behavioral research grants and/or cooperative agreements, totaling $200,000 (including direct and indirect costs). Federal institutions, foreign institutions, and profit-making institutions are not eligible.

NOTE: "Other academic institutions" includes, as a single eligible component, all other schools, departments, colleges and free-standing institutes of the institution other than the health professional schools of a university.

AWARD CONDITIONS

The BRSG award is for one year with eligibility determined annually. The start date is April 1. Awards are contingent upon the availability of funds.

The amount of each BRSG award is based upon a formula that is applied to the total costs awarded for allowable PHS research grants.

METHOD OF APPLYING

BRSG application kits (Form NIH-147-1) will be mailed on or about November 27 to institutions that, according to NIH records, are eligible to apply for a BRSG.

Completed BRSG applications must be received by January 6, 1988.

If an institution believes that it is eligible and has not received an application kit, please submit a letter of request to:

Mrs. Gilda Polletto
Grants Management Specialist
Office of Grants and Contracts Management
Division of Research Resources
Building 31, Room 5B32
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

This program is described in the Catalog of Federal Domestic Assistance, No. 13.337, Biomedical Research Support. Grants will be awarded under the authority of the Public Health Service Act, Section 301 (a)(3); Public Law 86-798, (42 USC 241) and administered under PHS grant policies and Federal Regulations 45 CFR Part 74 and the Biomedical Research Support Grant Information Statement and Administrative Guidelines. This program is not subject to the intergovernmental review requirements of the Executive Order 12372 or Health Systems Agency review.

ONGOING PROGRAM ANNOUNCEMENTS

SMALL GRANTS FOR INNOVATIVE TECHNOLOGY

P.T. 34; K.W. 0706000, 0735000, 1004000, 1013020

Division of Research Resources

Application Receipt Dates: February 1, October 1

The Biomedical Research Technology (BRT) Program identifies and develops advanced technologies needed in biomedical research. Through grants and contracts, it supports an extremely broad and innovative array of technologies. Areas of emphasis in the Program are biomedical computing, biomedical engineering, and technologies for the study of biomolecular and cellular structure and function. To further its mission, the BRT Program supports a small grant award for support of pilot studies in relevant biomedical technologies.

DESCRIPTION OF THE AWARD

This is a one-year, non-renewable award for a pilot project in a high technology in engineering, instrumentation, physics or computer science related to biomedical research. The project should involve a feasibility study of an innovative or high risk idea in a high technology. Innovative is considered to be an unusually imaginative or a drastically different approach to a problem. High risk is having uncertain chances for success because no historical base exists for a proposed technological approach. High technology is defined here as working at the limits of understanding of a technology. The project should be oriented towards new instrumental or methodological approaches and provide a basis for more extended research in the project's technology.

The purposes of the small grants program are to:

1 Provide an opportunity to test new ideas in a high technology that will lead to a larger research project or implementation of the technology in a working environment; or

2 Develop significant changes in an existing high technology important to biomedical research; or

3 Translate scientific notions into a basis for a future technology.

The award may not be used to supplement support for an ongoing project. Because of the high risk, feasibility nature of the proposals, support of stipends for student dissertation research is discouraged.

ELIGIBLE APPLICANTS

This program is open to both non-profit and for profit organizations and is designed to support engineers and other scientists for work in high technological projects in the biomedical research area.

APPLICATION AND REVIEW PROCEDURE

Applications should be submitted on Form PHS 398, available at most institutional business offices or from the Division of Research Grants, NIH. Because the format for preparing this application is different from that used for regular research grants, additional information and instructions should be obtained from the BRT Program staff contact listed below. Applications must adhere to this format to be responsive. Unresponsive applications will be returned to the applicant without review. The review schedule is:

Receipt Date Annually	Institute Committee Review	Council Review	Earliest Date for Funding
February 1	March-April	June	July
October 1	November-December	February	March

REVIEW CRITERIA

Applications will be evaluated using the following criteria: adequacy of scientific merit; characterization as an innovative or high risk pilot project in a high technology in engineering, instrumentation, physics or computer science related to biomedical research; probability the study will provide a basis for more extended research in the relevant technology; adequacy of proposed experimental methods, equipment or materials; adequacy of the investigator's background and training; adequacy of the available and requested facilities; and adequacy of budget justifications.

Those criteria which are emphasized in the review of small grant applications are:

- adequacy of scientific merit,
- degree of innovation evident in the proposed approach, and
- degree of risk or uncertain chance of success because no historical base exists for the proposed technological approach.

FUNDING CRITERIA

Applications will compete with each other in accordance with the purposes of the small grant program. Approximately 10 to 20 awards are made per year, contingent on receipt of meritorious applications and appropriated funds.

TERMS OF THE AWARD

The award will provide a maximum of $25,000 (direct costs) for personnel, consultants, supplies, small equipment, and travel required by the project. The award will be for one year, and in most cases can be extended for an additional year without additional funds.

INSTRUCTIONS FOR APPLICANTS

Additional instructions are needed to prepare a small grant application. These are supplementary to those given with PHS 398 (Rev. 9/86). To receive these instructions, please contact:

Caroline Holloway, Ph.D.
Head, Biological Structure Section
Biomedical Research Technology Program
Division of Research Resources
National Institutes of Health
Building 31 - Room 5B41
9000 Rockville Pike
Bethesda, Maryland 20892**
Telephone: (301) 496-5411

This program is described in the Catalog of Federal Domestic Assistance No. 13.371, Biotechnology Research. .Awards will be made under the authority of the Public Health Service Act, Title 111, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 42 CFR Part 74. This program is not subject to A-95 Clearinghouse or Health Systems Agency reviews.

ALCOHOL AND ENDOCRINOLOGICAL DEVELOPMENT IN ADOLESCENTS

P.T. 34, AA; K.W. 0404003, 0785050

National Institute on Alcohol Abuse and Alcoholism
Alcohol, Drug Abuse, and Mental Health Administration

Application Receipt Dates: February 1, June 1, October 1

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) seeks grant applications for the support of research addressing problems related to the effects of alcohol on endocrine and psychosexual development and on normal reproduction, growth and brain function as they relate to endocrine function in adolescents.

BACKGROUND

The prevalence of adolescent drinking is a major cause for concern, because alcohol abuse in this special population may have adverse physiological and developmental consequences with far-reaching effects into adulthood. The initiation of puberty involves a complex cascade of events in the hypothalamic-pituitary-gonadal axis. Animal studies suggest that chronic ethanol ingestion by juveniles and adolescents can affect one or more components of the system, leading to delayed sexual maturation and/or impaired reproductive function. Other aspects of adolescent development such as physical growth are also under endocrine control and may be affected by exposure to alcohol. Research is needed to further our understanding of endocrine processes and the impact of ethanol on them.

RESEARCH GOALS

The purpose of this announcement is to encourage research proposals which will examine the consequences of adolescent alcohol consumption on endocrine development and functioning, and on the processes regulated by the endocrine system, including sexual maturation and reproductive functions, growth, and behavioral functions. Basic studies utilizing appropriate animal models may focus on endocrine development at the organ, cellular, and molecular levels with emphasis on progressive changes with age, from weaning to maturity. Clinical studies may focus on basic or applied research on the etiology and pathogenesis of alcohol-induced endocrine dysfunction and related disorders in adolescent populations. The inclusion of young women and minorities in the study populations, where appropriate, is encouraged.

Examples of potential research under this announcement include, but are not limited to, the following:

- o Studies on the induction, progression, or reversibility of alcohol-induced hormone imbalance in the hypothalamic-pituitary-gonadal axis and the impact on sexual maturation of prepubertal males and females
- o Epidemiological studies on the influence of alcohol on age of menarche and prevalence of menstrual disorders in adolescent girls
- o The impact of prepubertal alcohol exposure on reproductive function following puberty
- o Relationship between prepubertal alcohol exposure and abnormal endocrine-related emotional and behavioral development associated with sexual maturation
- o Studies to determine the nature and severity of endocrine dysfunction in relation to the age at which drinking begins and the duration of alcohol exposure
- o The role of impaired or altered endocrine functioning, subsequent to prepubertal or adolescent alcohol exposure, on the modulation of alcohol consumption behaviors and on the addictive potential of alcohol
- o The influence of alcohol on bone growth and skeletal muscle development of adolescents
- o Nutritional consequences of adolescent alcohol abuse as it relates to altered endocrine functioning and manifestations of abnormal organ system function
- o Studies to determine the relationship between neuroendocrine modulation of neurotransmitter processes and ethanol-induced cognitive and affective impairment in adolescents
- o The impact of alcohol consumption in juveniles and adolescents on neuroendocrine regulation of immune system reactivity

APPLICATION AND REVIEW PROCEDURES

Applications may be submitted by any public or private nonprofit or profit-making organization and by eligible agencies of the Federal government. Women and minority investigators are encouraged to apply. Support may be requested for a period of up to 5 years. Annual awards will be made subject to continued availability of funds and progress achieved. Grant funds may be used for expenses clearly related to and necessary to carry out the research project. Research grant support is not provided to establish, add a component to, or operate a prevention, intervention or treatment program. Grants must be administered in accordance with the PHS Grants Policy Statement (Rev. 1/87).

Applications should be submitted on form PHS-398, available from the National Clearinghouse for Alcohol and Drug Information, Reference Department, 6000 Executive Boulevard, Suite 402, Rockville, Maryland 20852 or at most academic and research institutions.

Applications will be accepted in accordance with the usual receipt dates for new applications on an indefinite basis:

Receipt Dates	Initial Review	Adv. Council Rev.	Start Date
Feb. 1	May/June	Sept./Oct.	Dec. 1
June 1	Oct./Nov.	Jan./Feb.	April 1
Oct. 1	Feb./March	May/June	July 1

The phrase "NIAAA PROGRAM ANNOUNCEMENT: ENDOCRINOLOGICAL DEVELOPMENT IN ADOLESCENTS" should be typed on line 2 of the face page of the application. The original and six copies should be sent to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
333 Westbard Avenue
Bethesda, Maryland 20892**

Applications recommended for approval by the National Advisory Council on Alcohol Abuse and Alcoholism will be considered for funding on the basis of overall scientific and technical merits as determined by peer review, NIAAA programs needs and balance, and the availability of funds. In FY 1988 approximately $500,000 will be available to support approximately 4 grants under this announcement. Applications of high scientific merit which cannot be funded under this announcement may be considered for funding under the Institute's regular research grant programs.

Further information and consultation on program requirements can be obtained from:

Helen M. Chao, Ph.D.
Chief, Biomedical Research Branch
Division of Basic Research, NIAAA
5600 Fishers Lane, Room 14C-20
Rockville, Maryland 20857
Telephone: (301) 443-4223

This program is described in the Catalog of Federal Domestic Assistance No. 13.273. Grant awards are made under the authority of Section 301 of the Public Health Service Act (42 USC 241, 290bb and 290cc). Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Service regulations at 45 CFR Part 100.

RESEARCH GRANTS RELATED TO BATTEN DISEASE AND OTHER NEURONAL CEROID LIPOFUSCINOSES

P.T. 34; K.W. 0705055, 0715000, 0755030, 1002019, 0745020, 0785165

National Institute of Neurological and Communicative Disorders and Stroke

This solicitation is a reissuance of the announcement that appeared in this Guide on October 10, 1986.

The Developmental Neurology Branch, Division of Convulsive, Developmental and Neuromuscular Disorders, National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of traditional research project grant applications (R01) related to the etiology, developmental embryology, pathogenesis, genetics and prevention of the ceroid lipofuscinoses, particularly the juvenile type known as Batten disease or Spielmeyer-Sjogren disease.

BACKGROUND

The ceroid lipofuscinoses are a group of hereditary degenerative diseases in which an autofluorescent lipopigment, ceroid, accummulates in the central nervous system and other tissue. Clinically they are characterized by a progressive encephalopathy, loss of vision, seizures, and a downhill course. There are three childhood types of ceroid lipofuscinosis and one, possibly two, adult types. Although in general these types are clinically distinct, combined and transitional forms occur. The ceroid lipofuscinoses are inherited in autosomal recessive fashion with the exception of one rare adult type which shows autosomal dominant transmission.

The juvenile type, or Batten disease, exemplifies the devastating effects that these disorders have on affected individuals and their families. Onset is between 5 and 10 years usually with visual failure and seizures, and the course is that of a slowly progressive encephalopathy leading to death in 8-10 years. Pathologically the brain shows moderate atrophy. There is massive accumulation of ceroid in neurons and macrophages, in the ganglionic layer of the retina, and in other tissues. The etiology of Batten disease is unknown; its incidence is about 3 per 100,000 births. There is no effective therapy.

RESEARCH GOALS AND SCOPE.

The goal of this program announcement is to encourage research to delineate clinical and genetic types of the ceroid lipofuscinoses, to identify and localize the gene(s) responsible for them, to determine the biochemical defects that result from the action of these genes, and to develop measures for the prevention, early diagnosis and treatment of these disorders.

The research scope of this program encompasses the developmental, genetic and biochemical aspects of the ceroid lipofuscinoses, particularly the juvenile type or Batten disease, and a variety of experimental approaches and methods. Some examples are given below, but applications are not limited to them, and proposals with new ideas and initiatives would be welcome.

1. Subjects

   These may include experimental animals and human subjects. Animal mutants in particular could greatly facilitate research and provide direct and crucial information about the etiology, developmental embryology, pathogenesis and genetics of the ceroid lipofuscinoses. Animal models exactly comparable to the human disease should also make possible the determination of the basic metabolic defect, detection of early biochemical changes, characterization of the chemical pathology and recognition of the heterozygous carriers.

2. Pathology

   Precise characterization of the pathological changes is highly desirable. Examination by computerized scanning procedures and neuroimaging techniques may be useful in identifying early intracranial changes.

3. Biochemistry

   Very little is known about the biochemistry of the ceroid lipofuscinoses in general and Batten disease in particular. It is not known if the presence of lipofuscin, which is normally found in the brain of older individuals, is a causal or associated defect. A disturbance of dolichol metabolism has been reported in patients with Batten disease, but its relation to the presence of lipofuscin or to the disease itself is not clear. Biochemical studies should be pursued at the cellular and molecular level with state-of-the-art precise and sensitive techniques of immunochemistry and membrane microchemistry, tissue culture, and the high resolution methodology of rapid flow microfluorimetry and two-dimensional electrophoresis.

4. Genetics

   Classical genetic studies have not resolved whether or not the conventional clinical classification, based mainly on age of onset, represents different forms of the same genetic disorder. Further genetic studies, using advanced molecular and biochemical genetic techniques are needed to resolve this question, and to identify and map the gene or genes involved.

5. Detection of the genetic carrier

   Identification of a biochemical marker should make possible heterozygote detection, prenatal diagnosis and early clinical recognition of cases, and thus lead to prudent management and treatment.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant-in-aid. Successful applicants will direct and carry out the individual research projects. Applicants from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter of agreement from the GCRC Program Director should be included in the application material.

APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 (revised 9/86) according to instructions contained in the application kit. Application kits are available from most institutional business offices, or may be obtained from the Division of Research Grants (DRG), at the address given below. Check "Yes" in item 2 on the face sheet of the application and type "Grants related to Batten Disease" in the space provided.

The original and six copies of the application should be mailed to the following address:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892**

Deadline dates for the receipt of individual research grant (R01) applications are October 1, February 1, and June 1.

For further information applicants may contact:

Dr. Ntinos C. Myrianthopoulos
National Institute of Neurological and
Communicative Disorders and Stroke
National Institutes of Health
Federal Building - Room 8C-04
Bethesda, Maryland 20892
Telephone: (301) 496-5821

This program is described in the Catalog of Federal Domestic Assistance No. 13.853, Clinical Basis Research, NINCDS. Awards will be made under the authority of the Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency Review.

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS OR CONTACTING PROGRAM STAFF IN THE WESTWOOD BUILDING IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

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he NIH Guide announces scientific nitiatives and provides policy and dministrative information to individuals and organizations who need to e kept informed of opportunities, equirements, and changes in extra nural programs administered by the ational Institutes of Health.

CATHERINE CLIFFORD *061109

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Vol. 16, No. 41
December 18, 1987

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ALZHEIMER'S DISEASE RESEARCH CENTERS

RFA AVAILABLE: 88-AG-01

P.T. 04; K.W. 0715180, 0710010, 0710030

National Institute on Aging

Application Receipt Date: February 18, 1988

Letter of Intent Receipt Date: January 18, 1988

BACKGROUND

The National Institute on Aging (NIA) is inviting grant applications from interested institutions to establish centers of excellence devoted to the study of Alzheimer's disease (AD) and related dementing disorders of the aged. This solicitation is to increase the number of existing centers authorized under the Public Health Service Act, (Section 445). An ADRC will be expected to foster the following related functions: conducting multidisciplinary research, training scientists and clinicians, and teaching and/or transferring new information concerning Alzheimer's disease and related disorders.

ELIGIBILITY

Institutions eligible for Specialized Center Grants are those at which there are at least three principal investigators with any PHS agency or comparable peer reviewed research project (R01) grants on AD or in related areas, each with at least two years of committed support remaining at the time of application or one or more program project (P01) grants, which also have at least two years of committed support remaining. Institutions that can demonstrate the ability to launch such a research effort are also eligible.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional NIH grant-in-aid. The award of grants is contingent upon the availability of funds for this purpose. The intent is to fund up to three ADRC grants.

REVIEW PROCEDURES AND CRITERIA

Applications received in response to the RFA will be reviewed for scientific and technical merit by an NIA initial review group. Proposals may first receive a preliminary review by a subcommittee of the review panel to establish those applications deemed to be competitive. Proposals judged to be non-competitive or non-responsive will be administratively withdrawn and returned to the applicant with an abbreviated summary noting the major areas of concern. Applications judged to be competitive will be given full review. Following review by the initial review group the applications will be evaluated by the National Advisory Council.

METHOD OF APPLYING

The application must be submitted on the 9/86 revision of form PHS 398. The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application such that it may not reach the review committee in time for review. Although not mandatory, potential applicants are encouraged to submit to the address indicated below, a non-binding letter of intent to apply by January 18, 1988. Applications must be received by February 18, 1988 for earliest start date of September 30, 1988. If received late, the application will be returned without review.

Applicants should write or phone to obtain the complete RFA, the guidelines for preparing an application properly and to discuss their plans with and direct any other inquiries to:

Associate Director, NNA, NIA, NIH
Building 31 - Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-9350

MAMMALIAN DEVELOPMENTAL MUTANTS

RFA AVAILABLE: 88-HD-04

P.T. 34; K.W. 1002002, 1002006, 1002019

National Institute of Child Health and Human Development

APPLICATION RECEIPT DATE: April 12, 1988

The Reproductive Sciences Branch (RSB) and the Genetics and Teratology Branch (GT) of the National Institute of Child Health and Human Development (NICHD) are inviting research grant applications focusing upon the production of new mammalian developmental mutants. Such research should be limited to non-primate mammals, specifically mice. Proposals on other non-primate mammalian species could be considered following investigator discussion with Institute staff prior to submission of applications. This NICHD initiative has important ramifications for both basic science and clinical studies. The information expected from the analysis of these new mutants is essential for further understanding of the underlying principles that direct normal patterns of growth, morphogenesis and differentiation and against which aberrations of these processes can be understood. The goal of this RFA is to fund a group of projects that are primarily devoted to the generation of additional mammalian developmental mutants. It is expected that the latest molecular genetic technologies and the production of chimeric and transgenic animals will be employed to produce opportunistic genetic mutations in lines of mice. These mutations will be useful in subsequent genetic and developmental analyses that cover a wide range of problems in developmental and reproductive biology.

Applications should be submitted on form PHS 398. The RFA label available in the 9/86 revision of application form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

This program will be funded through the individual research project award program. Grant applications will be reviewed at a single competition by an initial review group convened by the NICHD. It is anticipated that eight (8) grants will be awarded contingent upon scientific merit and availability of funds.

Requests for copies of the full RFA should be addressed to either:

Richard J. Tasca, Ph.D.
Reproductive Sciences Branch
Center for Population Research
National Institute of Child Health and Human Development
Landow Building, Room 7C33
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-6516

or

Joel M. Schindler, Ph.D.
Genetics and Teratology Branch
Center for Research for Mothers and Children
National Institute of Child Health and Human Development
Landow Building, Room 7C08
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-5541

BLASTOCYST IMPLANTATION

RFA AVAILABLE: 88-HD-05

P.T. 34; K.W. 0413002, 0785050, 0775020

National Institute of Child Health and Human Development

Application Receipt Date: March 15, 1988

The Reproductive Sciences Branch (RSB) of the Center for Population Research (CPR) of the National Institute of Child Health and Human Development (NICHD), invites research grant applications for a single competition for support of research on blastocyst implantation. Failure of blastocyst implantation even after successful fertilization and subsequent embryonic develop-ment is considered to be a major cause of certain types of infertility. Paucity of information on the mechanisms regulating implantation of blastocyst does not allow provision of appropriate treatment to cure or alleviate these types of infertility. The purpose of this special grant program is to encourage the research to elucidate the mechanisms involved in blastocyst implantation, i.e., identification and characterization of embryonic signals to the maternal system and mechanisms involved in the maternal recognition of pregnancy; elucidation of endocrine, paracrine and autocrine mechanisms for preparation of the endometrium for implantation; establishment of in vitro model systems for studying blastocyst implantation; clarification of mechanisms of deciduali-zation; and immunological mechanisms that allow accommodation of blastocyst by the maternal immune systems. The Reproductive Sciences Branch anticipates that that four (4) applications would be funded as a result of this RFA.

Applications will be reviewed by NIH staff for responsiveness to the RFA, and those submitted in response to this RFA will be reviewed for scientific merit by an initial review group convened by NICHD. The National Advisory Child Health and Human Development Council will review the applications in September 1988.

Research grant applications should be made on Form 398, and labelled in item 2 of the face page "In Response to RFA-HD-88-05, Blastocyst Implantation." The RFA label available in the 9/86 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review. The original and four (4) copies should be received by the Division of Research Grants no later than March 15, 1988. Applications should be directed to:

Application Receipt Office, Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

In addition to those applications mailed to the Division of Research Grants, it is very important that two (2) copies of the application be directed to:

Laurance Johnston, Ph.D.
Scientific Review Program
National Institute of Child Health and Human Development
National Institutes of Health
Landow Building, Room 6C08
Bethesda, Maryland 20892

For further information and a copy of the RFA, contact the following:

Koji Yoshinaga, Ph.D.
Reproductive Sciences Branch
Center for Population Research
National Institute of Child Health and Human Development
National Institutes of Health
Landow Building, Room 7C33
Bethesda, Maryland 20892
Telephone: 301/496-6515

ONGOING PROGRAM ANNOUNCEMENTS

ADAMHA SMALL GRANT PROGRAM

P.T. 34; K.W. 1014002, 0404003, 0404009, 0715095, 0404000, 0710030

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration announces the availability of a revised Small Grant Announcement. Changes included in this announcement are: announcement of availability of a no-cost extension beyond the year of the original award, clarification of eligibility criteria, clarification of the timing of the review process, an additional review criterion for pilot studies, and updated program contacts. The procedures in this revised announcement will be applicable to all Small Grant Program applications submitted after February 15, 1988. Copies of the revised announcement may be obtained from:

NIAAA Research Program Announcements
National Clearinghouse for Alcohol and Drug Information
6000 Executive Boulevard, Suite 402
Rockville, Maryland 20852
Telephone: (301) 468-2600

Grants Management Branch
National Institute on Drug Abuse
Parklawn Building, Room 10-25
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6710

Anne Cooley
Division of Extramural Activities
National Institute of Mental Health
Parklawn Building, Room 9-95
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4673

REVISED SUPPLEMENTAL INSTRUCTIONS FOR PREPARING ADAMHA NEW OR COMPETING RESEARCH SCIENTIST DEVELOPMENT/RESEARCH SCIENTIST AWARD APPLICATIONS

P.T. 34; K.W. 1014002, 0710030, 0404000

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration announces the availability of revised Supplemental Instructions for Preparing New and Competing ADAMHA Research Scientist Development/Research Scientist Award (RSDA/RSA) applications. These instructions should be used in preparing RSDA/RSA applications for the February 1, 1988 and future receipt dates. Copies of the revised supplemental instructions may be obtained from:

National Institute on Alcohol Abuse and Alcoholism

National Clearinghouse for Alcohol and Drug Abuse Information
P.O. Box 2345
Rockville, Maryland 20852
Telephone: (301) 468-2600

National Institute on Drug Abuse

Grants Management Officer
Parklawn Building, Room 10-25
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6710

National Institute of Mental Health

Grant Awards and Operations Section
Grants Management Branch
Parklawn Building, Room 7C-05
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4414

RESEARCH CAREER AWARDS IN THROMBOSIS

P.T. 34; K.W. 0715040, 0785025

National Heart, Lung, and Blood Institute

The objective of the Research Career Awards in Thrombosis is to support the professional development of individuals who can serve expanding and evolving research, teaching, and clinical requirements in the area of thrombosis and thromboembolic disorders. This announcement emphasizes the need for increased research training in this area and encourages individuals to submit applications for support using the three existing research career development awards sponsored by the NHLBI: Physician Scientist Award (PSA) (K11); Clinical Investigator Award (CIA) (K08); and Research Career Development Award (RCDA) (K04).

Applications submitted in response to this announcement will be brought to the attention of the National Heart, Lung, and Blood Advisory Council and will receive special consideration for support by the NHLBI.

BACKGROUND

Thromboembolic events give rise to serious clinical disease and contribute significantly to the nation's health care burden. Both thrombosis and atherosclerosis are important factors in cardiovascular disease. In 1985 they accounted for almost 1 million deaths. In addition, 153,000 persons in the United States died of cerebrovascular disease, the third leading cause of death in 1985. The economic burden of cardiovascular diseases in 1984 was an estimated $110 billion. It is further estimated that 6 million episodes of venous thrombosis occur annually, accounting directly for 50,000 hospital deaths due to pulmonary embolism and contributing to the deaths of another 100,000 patients. In all, the impact of thromboembolism and thromboembolic disorders on mortality and morbidity is impressive.

Substantial progress has been made toward understanding the basic mechanisms operating in thrombosis, the impact of thromboembolic phenomena on organ systems, and the techniques needed to prevent and treat thrombosis. Specific areas of progress include molecular and cellular pathology of thrombosis, biochemistry of coagulation and fibrinolysis, biology of vessel growth, endothelial cell function and vascular reactivity, the blood-vessel interface, and how cellular components interact with the vascular endothelium, thus contributing to the development of thrombosis. Therapeutic options are now readily available for the management of thrombosis and other treatment modalities are under development. Prevention of thrombosis and thromboembolic disorders, development of more effective therapies, and the appropriate choice of treatment demands a thorough understanding of all these facets of the subject.

The major strides which have taken place in basic and clinical understanding of thrombosis suggest that an unprecedented opportunity exists for major improvements in the way patients with these disorders are managed. In addition, the enormous health and economic impact of arterial and venous thrombosis argues strongly for giving this area increased attention. This announcement is prompted by the need to provide increasing numbers of basic and clinical investigators in the area of thrombosis and thromboembolic disorders, so that rapid and effective progress in the area can be made.

Candidates submitting research career development proposals in response to this program announcement should focus on topics such as those listed below:

- basic research projects that lead to better understanding of mechanisms in thrombosis and thromboembolic disorders;
- clinical research projects that will improve the detection of high risk patients and prevent thrombosis;
- applied research projects that lead to improved diagnosis and therapeutic approaches to thrombosis;
- effective, safe monitoring techniques for patients undergoing antithrombotic therapy; or
- studies that deal with the logistical, economic, social, and behavioral aspects of thrombosis and thromboembolic disease.

Individual training programs that offer research and career development opportunities in all areas related to thrombosis and thromboembolic disorders are welcomed. While the proposed training should be focused, if candidates do not possess skills in research design and biostatistics, the applicant should consider including these training areas in the plan. The background training of candidates for these research training programs may have been in hematology, cardiology, surgery, orthopedics, radiology, clinical pharmacology, pathology, or epidemiology.

MECHANISMS OF SUPPORT

The three support mechanisms for these Research Career Awards in Thrombosis are summarized in this announcement and provide for several levels of career development. Detailed guidelines for each of the three support mechanisms can be obtained from your business office, from the Division of Research Grants, NIH, (301) 496-7441, or from Dr. Fann Harding, Division of Blood Diseases and Resources, (301) 496-1817. Only citizens and noncitizen nationals are eligible for support under these programs.

A. PHYSICIAN-SCIENTIST AWARD - PSA (K11)

Provides support through a two-phase award to physicians to undertake 5 years of special study in basic science with a supervised research experience. Newly trained clinicians are encouraged, during Phase I of the award, to develop independent research skills and experience in a fundamental science which can be applied, during Phase II, toward problems in thrombosis and thromboembolic disorders.

- Award is made to an institution on behalf of a candidate whose primary sponsor is an accomplished basic science investigator who will provide guidance for the entire award period.

- Selection is by national competition.

- Training support is for 5 years for full-time effort. Phase I entails 2 or 3 years of creative and detailed basic science learning experience; Phase II entails 2 or 3 years of intensive research activity under general guidance of a qualified sponsor.

- Salary is up to $40,000 per year plus fringe benefits for 100 percent effort.
- During Phase I, up to 10 percent of the primary sponsor's salary and commensurate fringe benefits may be requested.
- Research and development support is provided up to $10,000 per year increasing to $20,000 per year in Phase II.
- Salary supplementation is encouraged from non-Government sources.
- Indirect costs of 8 percent of total direct costs, exclusive of tuition, fees, and equipment expenditures, or actual rate, whichever is less, may be requested.
- Awardees must inform the NIH for each of 5 years following the completion of the award about academic status, publications, and research grants and contracts received.
- PSA application may not be submitted concurrently with other development awards, such as CIA, RCDA, FIRST Award, or Academic Award.
- Use application form PHS 398 Rev. 9/86, with special PSA instructions.

B. CLINICAL INVESTIGATOR AWARD - CIA (K08)

Provides 5 years of support to physicians, usually with not less than 3 years of postdoctoral clinical training nor more than 7 years of total postdoctoral clinical and research experience by the time an award is made. The objective is to encourage the development of clinical, basic, and behavioral research interests.

- Award is made to an institution on behalf of a candidate who has an appropriate sponsor willing to assume responsibility and provide guidance for candidate's research program.
- Selection is by national competition.
- Salary is up to $40,000 per year plus fringe benefits for first year.
- Research support is provided up to $10,000 per year.
- Training period is 5 years for full-time effort.
- Salary supplementation is allowed from non-Federal funds.
- Indirect costs of 8 percent of total direct costs or actual rate, whichever is less, may be requested.
- Awardees must inform the NIH for each of 5 years following the completion of the award about academic status, publications, and research grants and contracts received.
- CIA application may not be submitted concurrently with other development awards, such as PSA, RCDA, FIRST Award, or Academic Award.
- Use application form PHS 398 Rev. 9/86, with special CIA instructions.

C. RESEARCH CAREER DEVELOPMENT AWARD - RCDA (K04)

Supports investigators who have demonstrated outstanding research potential. Provides salary only for investigators who normally have 5 years of postdoctoral experience at the time of application, including 2 years of experience as an independent investigator with independent peer-reviewed support. Support must be available to carry out the research project for which the RCDA salary is provided. This award may not substitute for other sources of research support since the objective is to provide relief from responsibilities that prevent full-time (not less than 80% basic, clinical, or behavioral research) pursuit of an academic research career. New investigators and well-established investigators are not eligible for this Award.

- Candidate is nominated by and an award is made to an institution on behalf of the candidate.

- Selection is by national competion.
- Salary is up to $40,000 per year plus fringe benefits.
- Award period is 5 years.
- Salary supplementation is allowed from non-Federal funds.
- Indirect costs of 8 percent of total direct costs or actual rate, whichever is less, may be requested.
- RCDA application may be submitted concurrently with a regular research grant application but must not be submitted concurrently with other development awards, such as, PSA, CIA, FIRST Award, or Academic Award.
- Use application form PHS 398 Rev. 9/86, with RCDA instructions.

APPLICATION SUBMISSION AND REVIEW

The receipt dates are the traditional NIH dates: February 1, June 1, and October 1 for Council review October, February, and May, respectively. The PSA and CIA applications will be reviewed by the NHLBI Research Manpower Review Committee. Research Career Development Award applications will be reviewed for scientific merit through the regular NIH peer review system in the Division of Research Grants.

Applications submitted in response to this announcement should be identified by typing P.A./Research Career Awards in Thrombosis on the face page along with the title of your project.

The original and six copies of the application should be mailed to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

A copy of the face page of this application should be mailed to:

Fann Harding, Ph.D.
National Heart, Lung, and Blood Institute
Division of Blood Diseases and Resources
Federal Building, Room 5A08
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1817

The programs of the Division of Blood Diseases and Resources of the National Heart, Lung, and Blood Institute are identified in the Catalog of Federal Domestic Assistance, number 13.839. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to Health Systems Agency Review.

COGNITIVE FUNCTIONING AND AGING

P.T. 34; K.W. 0710010, 0414005, 1002030, 0414011

National Institute on Aging

INTRODUCTION

The National Institute on Aging invites qualified researchers to submit applications on cognitive functioning as it relates to internal and external contextual influences over the middle and later years of life.

This announcement is part of the broad program of the Institute which was established by law in 1974 for the "conduct and support of biomedical, social, and behavioral research and training related to the aging process and the diseases and other special problems and needs of the aged." Under this mandate, this special initiative on Cognitive Functioning and Aging, as one component of the Behavioral and Social Research cluster on Adult Psychological Development, is coordinated with related programs within NIA. In particular, it is coordinated with the complementary program on Neuroscience and Neuropsychology of Aging, which focuses on basic sensory, perceptual and cognitive processes as they relate directly or indirectly to brain functioning; and also with cognitive programs in the National Institute of Child Health and Development and in the National Institute of Mental Health.

BACKGROUND

Researchers in cognitive psychology have recently broadened their interest to include not only isolated variables studied one at a time, typically in the laboratory, but also the more complex environmental processes and demands that affect cognitive functioning in natural contexts. With this broadened interest researchers have begun to study early life experiences (such as education and work history) that significantly alter the subsequent capabilities of individuals. They have also begun to consider how particular environments, task-demands, attitudes, and beliefs influence cognitive functioning. Such interests dovetail with the emerging consensus that many of the changes and individual differences in performance seen in the later years of life are the consequence of psychosocial and environmental factors, and not the inevitable result of biological decrement. Useful background sources include Birren, J.E. & Schaie, K.W. (eds.). (1985) Handbook of the Psychology of Aging (2nd ed.). New York, Van Nostrand Reinhold; Schooler, C. & Schaie, K.W. (eds.) (1987). Cognitive Functioning and Social Structure over the Life Course. Norwood, N.J., Ablex; Neisser, U. (1982). Memory Observed. San Francisco, Freeman.

SPECIFIC OBJECTIVES

The NIA seeks applications for the study of memory, problem solving, decision making, language, expertise, attention, knowledge representation, and other aspects of cognition as these influence and are influenced by internal and external contextual factors over the middle and later years of life. Relevant internal factors include e.g., motivation, affect, sensory limitations, physical health. External factors include e.g., education, early life experiences, physical and social characteristics of the environment at home, in the work place, or in a health care setting. For particular studies, many different combinations of such variables will be appropriate in order to specify the dynamic interconnections between contextual factors and cognitive functioning.

The following areas are illustrative of suitable topics for research. These areas, may be combined in various ways; and applications need not be limited to the topics presented below.

Individual differences

For over 30 years, the belief that cognitive functioning functioning becomes more variable with increasing age has been accepted with little questioning. Now, however, that belief is being challenged. Do individuals become less like each other as they grow older? Does their momentary performance become less stable?

Research is now needed to specify the influences and conditions which account for patterns of individual difference in cognitive functioning observed in later adulthood. Similarly, a research focus on the dimensions which describe differences in current performance among adults of similar age seems likely to deepen understanding of cognitive functioning.

Examples of questions addressing such individual differences are:

- To what extent can theoretically derived measures of cognitive functioning (as opposed to psychometrically derived ones) predict age-related variations in learning, work performance, life satisfaction, and morbidity?

- Are there cross-cultural and cross-ethnic variations in the patterns of adult cognitive development and aging?

- What are the relative contributions of enduring traits and specific environmental experiences in promoting adult cognitive development and decline?

- When age differences in variability are reported can they be traced to factors that influence particular cohorts?

Affective, Sensory and Health-related Influences

Previous studies have shown - without reference to age - that attitudes, motivation and affect influence cognitive functioning: perception, memory, decision making, and language style all appear to be influenced by such noncognitive variables. How does age enter in? By what mechanisms do age-related changes in such noncognitive variables impact upon cognitive functioning? And conversely, to what extent do age-related differences in cognitive functioning underlie changes in these noncognitive processes?

Other noncognitive processes are also likely to change cognitive functioning. Chronic illness might have a direct impact on cognition, or it may have a less direct impact through forced change in the environment, or in financial circumstances. Changes in motor and sensory function also can impact cognition directly, or through changes in living conditions brought about by the imposed limitations. At the same time, studies of preexisting differences in cognitive functioning may predict reactions to such negative changes, and reveal active and adaptive compensations to more restricted living circumstances.

Some illustrative questions follow.

- Do particular age-related stressors selectively impair certain cognitive processes but not others?
- Does age at onset of chronic health problems (e.g., different kinds of arthritis, heart disease) and other stressors alter the effect of such stressors on cognitive functioning?
- What kinds of compensatory mechanisms develop in individuals who recognize changes for the worse in their own performance?
- To what extent does an individual's representation of age-stereotyped concepts (e.g., "frail", "old", "middle-aged", "wise", "mellow", "mature") itself change with increasing age and experience?
- How do age-related attributions by self and others shape performance in memory and decision making tasks?
- How does amount and quality of emotional support affect cognitive functioning?

Contextual Influences in the Immediate Environment

Research is encouraged on the contextual influences that affect age-related patterns of cognitive functioning in particular tasks. A central research concern is the relationship between laboratory measures of a cognitive process and measures of the same process taken in everyday contexts. Although this issue confronts all cognitive psychologists, it is of particular concern to researchers in cognitive aging because older individuals may develop task- and situation-specific skills which are not reflected in currently used laboratory measures and standardized tests.

Examples include:

- Do age-related differences in memory vary with the content of the events to be remembered as well as with the structure of the memory test?
- To what extent are age-related differences in cognitive functioning task- or situation-specific?
- How do age and type of task interact on performance in circumstances requir-ing sustained or divided attention?
- What kinds of contextual change can trigger performance changes in older adults, or remove age-related variations in performance?

Influences Over the Lifespan

Research proposals are needed which explore the dynamic nature of cognitive functioning and which seek to explain how cumulative experience, life events and transitions are involved. Studies that consider such variables as the complexity of work environment, prior experience in similar tasks, the nature and amount of education, the complexity and nature of the physical environment (e.g., urban versus rural dwelling) and their effects on different domains of cognitive function are encour-aged. Related to these studies, experimental research is needed that manipulates variables hypothesized to contribute to the effects of life history on performance. In this way laboratory simulations of real world outcomes can be developed and modified. Other studies might involve short-term longitudinal study of individuals around theoretically-derived critical periods in their lives.

Applications are also sought which investigate the skills and adaptive strategies that emerge from experience. Older and younger individuals might be compared in naturalistic studies on how they approach certain well-defined and familiar tasks. Other possible research topics include:

- o Does the nature of expert performance in different tasks develop and change with age?
- o Do changes in occupational conditions and in the immediate conditions of everyday life have varied effects on cognitive functioning at different ages?
- o How general, and sustained, are the effects on cognitive functioning of different career paths, family conditions and physical environment?
- o Do unplanned or forced changes in living conditions exert a cumulative impact on cognitive functioning with increasing age?
- o Does the nature and amount of recreational activity influence cognitive functioning in later adulthood?

Cognitive Intervention

Research on strategies for promoting effective functioning in the middle and later years is a particular focus of this initiative. Intervention studies of the effects of training are of special interest. For example, research needs to be conducted on the effectiveness of different methods of training, on the generalizability and maintenance of any improvement brought about by training, and on the nature of the changes in cognitive processes brought about by different training regimens.

A second aspect of this initiative concerns changes in task and environmental design which can aid older adults and reduce or eliminate age-related differences in performance, e.g., the effects of planned differences in living arrangements on cognitive functioning. Alternatively, studies might be designed to investigate how some new tool or service changes the cognitive functioning and well-being of older individuals. Such studies might be laboratory oriented or carried out in naturalistic settings.

Some illustrative research questions follow:

- o Are older adults better or less able than younger adults to transfer skills learned in one situation to a new situation?
- o What types of intervention ensure that gains in performance can be applied to everyday situations?
- o How do subjects of different ages who are engaged in problem-solving tasks react to imposed obstacles to task solution?
- o To what extent can cognitive interventions improve physical health and psychosocial well-being?
- o How does induced improvement in attitudinal and motivational variables influence cognitive functioning?
- o Are older adults better or less able than younger adults to assess the quality of their own performance in particular tasks?

CONCEPTUALIZATION AND METHODOLOGY

Clearly formulated research hypotheses, a carefully specified conceptual framework, and an appropriate research design are all essential. For many studies, the stress on individual differences when coupled with the emphasis on integrating everyday and experiential factors with laboratory studies, will create a need for innovative methodological procedures. While the choice of methodology will vary with the nature of the problem being considered, methodological approaches, used either singly or in combination, might include examining longitudinal data sets which have already been established, as well as accessing archival information collected for other purposes. It is also likely that a wide range of statistical techniques will be found useful, including longitudinal and cohort analyses, ANOVA and MANOVA designs, LISREL/confirmatory factor analysis and event-history analysis.

REVIEW CRITERIA AND APPLICATION PROCEDURES

Applications compete on the basis of scientific merit with all other applications before the NIA. The review criteria are the traditional considerations underlying scientific merit. Researchers considering an application in response to this announcement are strongly encouraged to discuss their project, and the range of grant mechanisms available, with NIA staff in advance of formal submission. This can be done either through a telephone conversation or through a brief letter of intent describing the proposed project and identifying the principal investigator and, when known, other key participants.

Applicants should use the regular research project and program project grant application form (PHS 398), available at the applicant's institutional Application Control Office or from the Office of Grants Inquiries, Division of Research grants, NIH (see address below). In order to expedite the application form's routing within NIH, please (1) check the box on the face sheet of the application indicating that your proposal is in response to this announcement and print (next to the checked box) NIA: COGNITIVE FUNCTIONING AND AGING and (2) enclose a cover letter repeating that your application is in response to this announcement. In assigning applications to NIA or other Institutes, accepted referral guidelines will be followed.

Mail the cover letter and the completed application (with 6 copies) to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20892**
Telephone: (301) 496-7441

Receipt dates for the Research Project Grant, the Research Program Project Grant and the First Independent Research Support and Transition Award applications are February 1, June 1, and October 1; those for the National Research Service Awards applications are January 10, May 10, and September 10.

Correspondence and inquiries should be directed to NIA staff at:

Behavioral and Social Research National Institute on Aging Attention: "Cognitive Functioning and Aging" Building 31C - Room 4C32 Bethesda, Maryland 20892 Telephone: (301) 496-3136

This program is described in the Catalog of Federal Domestic Assistance No. 13.866, Aging Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency review.

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, uirements, and changes in extra- ural programs administered by the National Institutes of Health.

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NOTICE

NOTICE OF MEETING - THE HEALTH OF BIOMEDICAL RESEARCH INSTITUTIONS

P.T. 42; K.W. 1014002, 0710030

National Institutes of Health

Notice is hereby given that the National Institutes of Health (NIH) will hold the fifth and sixth meetings of a series of seven regional public briefing meetings to be conducted under the auspices of the Advisory Committee to the Director, NIH, on "The Health of Biomedical Research Institutions." The purpose of the meetings is two-fold:

1 to provide current information concerning the activities of the NIH by describing the broad political context in which the NIH operates, discussing the Federal budget process as it affects the formulation of the NIH budget, demonstrating recent trends in the funding of NIH programs, discussing the broad strategies adopted by NIH to meet emerging needs, and describing new NIH policies and programs designed to achieve program objectives; and

2 to solicit through public testimony the views of biomedical researchers, university faculty and administrators, representatives of professional societies, and other interested parties concerning the impact of the Federal system of sponsored research on the health of biomedical research institutions.

The fifth meeting will be held on Thursday, February 18, 1988 from 9:00 a.m. to 4:30 p.m. at the University of Texas Southwestern Medical Center at Dallas, Dallas, Texas. The sixth will be held on February 19, 1988 from 9:00 a.m. to 4:30 p.m. at the Emory University School of Medicine, Atlanta, Georgia. Notice of the time and location of the final meeting will be published later.

Following a presentation by the Director, NIH, a panel comprised of members of the Advisory Committee to the Director, NIH, representatives of NIH national advisory councils, institute directors, and other senior NIH staff will spend the remainder of the day receiving testimony from public witnesses. Each witness will be limited to a maximum of ten minutes. Attendance and the number of presentations will be limited to the time and space available. Consequently, all individuals wishing to attend or to present a statement at this public meeting should notify, in writing:

Jay Moskowitz, Ph.D.
Executive Secretary, Advisory Committee to the Director
National Institutes of Health
Shannon Building, Room 137
Bethesda, Maryland 20892
Telephone: (301) 496-3152

Those planning to make a presentation should file a one-page summary of their remarks with Dr. Moskowitz by January 22, 1988; a copy of the full text of these remarks should be submitted for the record at the time of the meeting. Please indicate which of the two meetings you plan to attend. Additional information may be obtained by calling:

Mr. Edward Lynch
Division of Program Analysis
Office of Program Planning and Evaluation
National Institutes of Health
Shannon Building, Room 233
Bethesda, Maryland 20892
Telephone: (301) 496-4418

TOXICOLOGY OF POTENTIAL ANTICONVULSANT DRUGS

RFP AVAILABLE: NIH-NINCDS-88-05

P.T. 34; K.W. 0740010, 1007009

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) has a requirement for continuing the evaluation of the toxicology of potential anticonvulsant drugs in rats, dogs or monkeys.

The Epilepsy Branch, Division of Convulsive, Developmental, and Neuromuscular Disorders of the National Institute of Neurological and Communicative Disorders and Stroke conducts an extensive Antiepileptic Drug Development (ADD) Program aimed at identifying potentially new antiepileptic agents to be used in man. This program employs a stepwise approach utilizing a systematic series of screening tests and decision steps to advance candidate compounds through the stages of preclinical and clinical development. Those compounds which demonstrate therapeutic indices are advanced to subchronic oral toxicity studies in either rat, dog, or monkey. This toxicity project provides the necessary safety information from acute and chronic studies in animal species required by the FDA.

The Contractor will be responsible for performing dose-range finding studies and fully audited GLP subchronic studies lasting either 30 days or 13 weeks. The dose-range finding studies will consist of hematology, clinical chemistry, necropsy, and tissue collection. Microscopic examination of fixed tissue will be done when warranted by the data. The Good Laboratory Practices (GLP) subchronic studies will consist of three dosing groups and a vehicle control. Hematological and clinical chemistry parameters, urinalysis and ophthalogical examinations shall be performed. Microscopic examination of tissues collected from all animals in the study will be carried out.

Prospective offerors are advised that this requirement represents a recompetition of work currently being performed under NINCDS Contract No. N01-NS-3-2358 with Hazleton Laboratories America, Inc.

The Government anticipates one contract award for a performance period of five (5) years.

RFP NIH-NINCDS-88-05 will be available on December 31, 1987. Responses will be due by March 1, 1988.

To receive a copy of the RFP, please supply this office with two (2) self-addressed mailing labels. Requests must cite the RFP number referenced above. All responsible sources may submit a proposal which will be considered by the agency. The RFP package will be available upon request to:

Contracting Officer, Contracts Management Branch, NINCDS,
National Institutes of Health
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, Maryland 20892

STUDIES OF THE ELECTROCHEMISTRY OF STIMULATING ELECTRODES

RFP AVAILABLE: NIH-NINCDS-88-02

P.T. 34; K.W. 0740050, 0710050

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement to develop materials for use in neural stimulating electrodes, to evaluate the electrochemical processes that occur at the electrode-electrolyte interface during pulsing regimens characteristic of neural prosthetic applications, and to apply these findings to the fabrication of prototype neural stimulating electrodes.

Offerors must have experience in the electrochemistry of electron conducting electrodes and charge injection into ionic electrolytes.

This requirement represents the recompetition of a current contract with EIC Laboratories, Inc., and the incumbent is expected to reapply.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-NINCDS-88-02 will be issued on or about December 28, 1987, with a closing date for receipt of proposals set for February 29, 1988.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered by the agency. The RFP package will be available upon request to:

Contracting Officer, Contracts Management Branch, NINCDS
National Institutes of Health
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, Maryland 20892

NATIONAL COLLABORATIVE DIAGNOSTIC IMAGING TRIAL PROJECTS

RFA AVAILABLE: 88-CA-02

P.T. 34; K.W. 0706030, 0755015, 0715035

National Cancer Institute

Application Receipt Date: March 11, 1988

The Division of Cancer Treatment (DCT) of the National Cancer Institute (NCI) invites applications for cooperative agreements for participation in the National Collaborative Diagnostic Imaging Trial Projects. The objectives of the present proposal are to conceive new approaches for the development and implementation of national cooperative trials carried out by multiple institutions using this approach to develop new algorithms for the appropriate sequential use of the most advanced imaging procedures to diagnose, stage and monitor malignant disease.

The decades of the 1970s and 1980s have been characterized by spectacular technical advances in medical imaging, particularly those applied to tumor definition and characterization. These technologies have now developed to the stage where a clear identification of the relative roles of each diagnostic modality in the diagnosis and staging of cancer is warranted. To date, most comparative studies evaluating imaging technologies have been based at a single institution and have involved small numbers of cases making their results often equivocal and not applicable in large-scale patient care settings.

Diagnostic Imaging procedures cost in excess of ten billion dollars annually, representing approximately 3 percent of the total health care monies expended in the United States. It is also claimed that nearly 30 percent of these imaging studies are inappropriately applied or unnecessary. In 1983, in excess of two billion dollars was expended in capital equipment acquisition in the diagnostic field, not including supplies, service or replacement parts. (Source: Hambrecht and Quist estimates, Diagnostic Imaging (Nov. 1984.)

A multi-institutional collaborative clinical trials group was funded in 1987 by NCI to assess the relative role of each imaging modality in cancer management of carcinomas of the prostate and lung.

The objective of this RFA is to support multicenter cooperative clinical trials to determine the most effective imaging procedures required to stage and monitor pancreas and colorectal carcinomas. The successful applicants will join the on-going collaborating institutions already funded by NCI as the Radiologic Diagnostic Oncology Group (RDOG); (86-CA-10).

It is anticipated that approximately eight to ten scientifically meritorious applications can be funded.

The label available with the 9/86 revision of application 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

Request for copies of the complete RFA should be addressed to:

Dr. Matti Al-Aish, Deputy Chief
Diagnostic Imaging Research Branch
Radiation Research Program
National Cancer Institute
National Institutes of Health
Landow Building, Room 8C09
Bethesda, Maryland 20892
Telephone: (301) 496-9531

CYSTIC FIBROSIS RESEARCH CENTERS

RFA AVAILABLE: 88-DK-07

P.T. 04; K.W. 0755030, 0765035, 0415000, 0715165, 0790005, 1002008, 1002019

National Institute of Diabetes and Digestive and Kidney Diseases
National Heart, Lung, and Blood Institute

Application Receipt Date: April 11, 1988

The Division of Diabetes, Endocrinology, and Metabolic Diseases of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the Division of Lung Diseases of the National Heart, Lung, and Blood Institute (NHLBI) announce a national competition for awards to establish a limited number of Cystic Fibrosis Research Centers for the purpose of investigating the etiology, pathophysiology, and treatment of cystic fibrosis.

BACKGROUND

Cystic fibrosis (CF) is the most common lethal genetic disorder in the Caucasian population. It is inherited as an autosomal recessive trait and many patients die within the first two decades of life. The clinical syndrome appears as a generalized dysfunction of exocrine glands or epithelial surfaces and is characterized by elevated sweat electrolytes, secretion of highly viscous mucus, pulmonary infections, and progressive loss of function in the lungs, pancreas, liver, intestines, and other organs.

The CF gene has been localized to within 300,000 DNA base pairs of a gene-linkage marker on the long arm of chromosome 7. Research efforts are now focused on identifying the CF gene and the protein which it encodes. It is hoped that isolation of the defective gene responsible for cystic fibrosis will elucidate the underlying biochemical defect(s). It is also hoped that identification of the CF gene will lead to methods of identifying its asymptomatic carriers and ultimately to a neonatal screening technique for the general population. Research in CF has led to the hypothesis that a diminished negative ion permeability in the distal sweat duct underlies the elevated sweat concentrations of sodium chloride considered diagnostic for the disease. It is now therefore postulated that in normal cells chloride follows sodium passively via a chloride/bicarbonate exchange or by a chloride ion channel. In CF, this antiport/channel or its regulation is defective, resulting in sodium only being partially reabsorbed, resulting in high sodium ion and chloride ion and low biocarbonate ion in the sweat duct lumen. Recent results suggest that the problem in cystic fibrosis relates not to the presence or absence of the chloride ion conductance but to the regulation of this conductance by a cyclic AMP dependent process.

These rapid advances were made possible by application of new state-of-the-art techniques of molecular and cell biology to the study of CF. With support through Cystic Fibrosis Research Centers, scientists can pursue exciting current opportunities to advance fundamental understanding of the pathogenesis of CF and, ultimately, therapy of the disease.

RESEARCH GOALS AND SCOPE

The overall goal of a Cystic Fibrosis Research Center is to stimulate a multidisciplinary approach aimed at promoting advances in basic science research on the cellular and molecular mechanisms underlying cystic fibrosis and the integration and application of this knowledge to clinical investigations. CF Centers should have a central theme to which all constituent projects relate and which serves as an integrating force to achieve an overall common goal. Emphasis in proposed projects should be on the exploration of basic mechanisms underlying CF, the elaboration of new and significant hypotheses, and the generation of novel strategies for approaching current clinical and fundamental issues.

The scope of research that could meet the goals of the CF Center program includes: 1) identification, cloning, and characterization of the CF gene and its protein product, 2) DNA sequence analysis of the cloned gene for generation of synthetic peptide antibodies valuable for biochemical studies characterizing the protein product, 3) studies aimed at defining etiological factors and pathogenetic mechanism, 4) investigations into the relationship between the genetic defect(s) and the resulting pathophysiology, 5) development of other reliable phenotypic markers characteristic of CF cells in culture, besides that of the currently available chloride impermeability, 6) studies focused on biochemical and molecular aspects of the regulation of epithelial ion transport in epithelial cells such as characterization of the intermediates involved in chloride channel regulation, 7) development and evaluation of new and/or improved therapeutic approaches effective in alleviating the clinical symptoms of the disease, 8) evaluation of gene replacement therapy or antisense RNA as possible prevention modalities, 9) development of diagnostic tests useful for carrier assessment and prenatal screening, 10) development of improved conditions for routinely growing and passaging CF cells and development of immortalized CF cell lines, facilitating studies presently hampered by a scarcity of cells, and 11) evaluation of the factor(s) contributing to chronic respiratory infections, usually by Pseudomonas.

Although the overall objective of the CF Center program is the same for both of the sponsoring institutes, the underlying framework by which this goal can be achieved varies somewhat between the two institutes, as does the scope of some of the studies.

NIDDK

The National Institute of Diabetes and Digestive and Kidney Diseases supports research on the etiology, pathophysiology, and treatment of CF as a whole. The key elements of NIDDK's CF Center program include: (1) basic an dclinical research projects; (2) research cores, providing shared resources such as techniques, instruments, tissues, patient populations, and research seminars; and (3) pilot and feasibility studies.

NHLBI

The National Heart, Lung, and Blood Institute supports research on the etiology, pathophysiology, and treatment of CF, specifically as it relates to pulmonary manifestations. The NHLBI's CF Centers program consists of three main components: basic research, clinical research, and core unit(s) designed to support the major scientific component(s). Pilot or feasibility studies, if they are included in the application, must be incorporated within research projects.

MECHANISM OF SUPPORT

Support for this program will be through a center grant. Successful applicants will direct and carry out the center's research projects. However, any substantive modifications in that program must be mutually agreed on by the center director, the grantee institution, and the appropriate sponsoring institute (NIDDK or NHLBI). Applications received in response to this Centers announcement will be considered for assignment to both the NIDDK and NHLBI, applying current referral guidelines. It is anticipated that NIDDK will support two or three centers and NHLBI will support one center at a level not to exceed $800,000 per year per Center, including indirect costs. These awards will be made for five years and the progress of each Center will be evaluated annually.

APPLICATION AND REVIEW PROCEDURES

The applications for centers solicited in this announcement will be evaluated in national competition by a special review committee. Deadline for the receipt of the applications will be April 11, 1988. Prospective applicants are encouraged to submit a letter of intent by March 1, 1988. Applications deemed by Institute staff not to meet the published guidelines will be judged unacceptable and will be returned to the applicant.

Applications must be submitted on PHS Form 398 (Rev. 9/86). The title "CYSTIC FIBROSIS RESEARCH CENTERS" and RFA number 88-DK-07 should be typed in item 2 on the face page of the application. The original and four copies of the application should be sent or delivered to:

Application Receipt
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

Two additional copies of the application should be sent to:

Dr. Anthony Demsey
Chief, Review Branch, NIDDK
Westwood Building, Room 604
Bethesda, Maryland 20892**

INQUIRIES

Potential applicants must request CF Center Guidelines from:

Nancy Lamontagne, Ph.D.
Cystic Fibrosis Program Director
NIDDK, NIH
Westwood Building, Room 607
Bethesda, Maryland 20892**
Telephone: (301) 496-4980

Susan P. Banks-Schlegel, Ph.D.
Airways Diseases Branch
NHLBI, NIH
Westwood Building, Room 6A15
Bethesda, Maryland 20892**
Telephone: (301) 496-7332

This program is described in the Catalog of Federal Domestic Assistance, No. 13.838. Grants will be awarded under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR part 52 and 45 CFR Part 74. This program is not subject to intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

STATE HUMAN RESOURCE DEVELOPMENT PROGRAM

P.T. 14; K.W. 0780000

National Institute of Mental Health

Application Receipt Date: February 12, 1988

The National Institute of Mental Health (NIMH) announces the State Human Resource Development (SHRD) Program, MH-87-23, which awards grants to enhance the capacity of State mental health agencies to improve mental health services by supporting human resource development in the State. Only State departments of mental health are eligible to apply under this program. Three types of projects are eligible for support: Capacity Building, Special, and Academic Linkages. It is expected that approximately $800,000 will be available for this program in fiscal year 1988. The maximum level of support for a SHRD Capacity Building project is $75,000 per year; for Special projects, $100,000 per year; and for Academic Linkage projects, $30,000 per year. NIMH will accept applications for grants under the single receipt date of February 12, 1988. Potential applicants interested in obtaining further information should contact:

Vernon R. James, Ed.D.
Chief, State Planning and Human Resource Development Branch
Division of Education and Service Systems Liaison, NIMH
Parklawn Building, Room 7-103
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4257

CLINICAL TRAINING GRANTS FOR SUPPORT OF RACIAL/ETHNIC MINORITY AND DISADVANTAGED STUDENTS

P.T. 44, BB, FF; K.W. 0720005, 0785185, 0785130, 0414004, 0730050

National Institute of Mental Health

The National Institute of Mental Health (NIMH) invites new and competing renewal applications for clinical training programs whose purpose is to recruit and train racial/ethnic minority and disadvantaged individuals as mental health professionals in social work, psychiatric nursing, psychiatry, and psychology for practice with persons with serious mental disorders. In fiscal year 1988, it is expected that approximately $500 thousand to $1 million will become available for new and competing awards under this request for applications. It is expected that clinical training grant awards will range in size up to the maximum of $80,000 per year for direct costs. Approximately 6 to 14 awards are expected to be made. Support may be requested for up to 3 years. Since NIMH can make no commitment beyond the first year, the objectives and activities of the first year should be designed to be significant in themselves. NIMH will accept applications for clinical training grants in this area under the single receipt date of February 12, 1988. Applicants must use the Public Health Service application kit (PHS 398, Rev. 9/86). Staff consultation on clinical training grants is available from the following:

Psychiatric Nursing -
Dr. Jeannette G. Chamberlain
Chief, Psychiatric Nursing Education Program
Room 7C-06
Telephone: (301) 443-5850

Psychiatry -
Dr. Melvyn R. Haas
Chief, Psychiatry Education Program
Room 7C-10
Telephone: (301) 443-2120

Psychology -
Dr. Paul Wohlford
Chief, Psychology Education Program
Room 7C-06
Telephone: (301) 443-5850

Social Work -
Dr. Neilson F. Smith
Chief, Social Work Education Program
Room 7C-06
Telephone: (301) 443-5850

The mailing address for all of the above is:

Division of Education and Service Systems Liaison
National Institute of Mental Health
Parklawn Building, 5600 Fishers Lane
Rockville, Maryland 20857

ONGOING PROGRAM ANNOUNCEMENTS

THE ROLE OF GROWTH REGULATORY FACTORS IN NORMAL AND NEOPLASTIC PROSTATE

P.T. 34; K.W. 0760020, 0765015, 0715035

National Cancer Institute

Application Receipt Dates: February 1, June 1, October 1

The Organ Systems Program of the Division of Cancer Prevention and Control, National Cancer Institute, seeks applications for studies to identify and characterize growth regulatory factors produced by normal or neoplastic prostate cells, to determine their possible autocrine or paracrine functions in normal growth and neoplasia, and to define the role of growth regulatory factors in the pathogenesis and metastatic spread of prostate cancer.

BACKGROUND

The prostate displays a wide range and diversity for growth and metastatic potential. Prostate cancer is associated with an unusual and extremely high prevalence of latent or dormant cancer that is clearly identified on pathological examination, but which in most cases will never grow further to become clinically manifest. For unknown reasons growth is held in check in 90% of these latent prostate cancers and this is by totally unknown biological mechanisms. However, those latent cancers that are subsequently activated to grow, produce a mortality rate that makes prostate cancer the second leading cause of cancer deaths in the U.S. male.

The responsiveness of prostate tissue to androgens and the role of androgens in prostatic cancer makes the prostate amenable to studying a putative role for growth factors in mediating androgen action. In the absence of androgen, prostate cancer does not develop. For example, there are no reported cases of prostate cancer in individuals who have been castrated in early life. In advanced cases of prostate cancer, removal of androgens by castration or estradiol treatment results in a marked regression of the cancer. However, such regression is usually transitory and in the majority of cases there is a recurrence of cancerous growth at some time after endocrine ablation therapy. Thus, prostate cancer appears androgen dependent during the early stages of oncogenesis.

It is clear that the initial stimulation of prostate growth is mediated by androgenic steroids. It may be that under androgen regulation, growth factors are expressed at specific periods of development, thereby playing an important role in prostate growth and/or differentiation. Indeed, evidence suggests that growth factors, stimulated by estrogens in estrogen responsive cells, may serve as autocrine mediators of estrogen action. There is also evidence that differentiation of epithelial cells within the prostate is mediated by paracrine signals from stromal cells. Thus, it is reasonable to study growth factors in the prostate which may serve as paracrine and/or autocrine mediators of androgen stimulation.

A characteristic property of the prostate is that it contains a high concentration of androgen receptors. Androgen receptors exhibit a high affinity and specificity for androgenic steroids and these steroid receptor complexes bind to DNA in androgen-responsive genes. Recently the genes coding for two intranuclear steroid receptors, i.e., glucocorticoid and estrogen, have been cloned and sequenced. Interestingly, both have segments of nucleotide sequences very similar to a segment of the oncogene, vErb A, which codes for a nuclear protein. Other oncogenic products have been demonstrated to have sequence homologies similar to proteins that are important mediators of hormone action on target cells. It is therefore likely that growth factors within the prostate may be related to oncogene products. There is also the possibility that androgen-dependent cells within the prostate are transformed to an androgen-independent state by alterations in growth factor regulation. Thus, studies on growth factors in the prostate may elucidate alternative mechanisms by which androgens regulate prostate function and may contribute to understanding how cancer cells become androgen-independent.

As prostate growth regulatory factors are identified and purified, it becomes important to characterize the mechanisms by which they effect normal and malignant growth and their interactions with the different cellular elements of the prostate. Stromal elements can effect the growth of prostatic cancer cells. It has been reported that conditioned media from fibroblasts derived from the prostate, but not from the skin, contain a substance which inhibits the growth of an established prostatic cancer line in vitro. Defining the specificity of the stromal epithelial interaction of these paracrine factors may provide a better understanding of the wide variability of the malignant potential of prostatic cancer. Identification and purification of these paracrine factors could also open new avenues for treatment of prostatic cancer.

There are little data regarding autocrine factors involved in the growth of prostatic cancer. A prostatic epithelial cell growth medium has been formulated that contains cholera toxin, extract from either the pituitary or hypothalamus and epidermal growth factor. It is not known how these are related to endogenous endocrine, paracrine or autocrine factors that affect prostatic growth. Furthermore, these prostatic growth media are supplemented with glucocorticoids but not androgens. The lack of androgen effect on growth in vitro in contrast to in vivo is puzzling. The question is raised whether androgens block growth inhibitory factors in vivo, or whether cholera toxin, brain extract, and EGF provide growth stimulation that would otherwise be induced by androgens. The development of a spectrum of androgen-dependent prostatic cancer cell lines would permit resolution of which autocrine factors are important in the progression of prostatic cancer from androgen-dependent to independent growth.

Prostate cancer is a slow-growing solid tumor. Since there is little evidence of increased mitotic activity in prostate cancer compared to normal tissue, it has been suggested that prostate tumor growth regulation may possibly involve alterations in the tumor cell death rate, i.e., increased neoplastic growth reflects a shift in the balance between cell replication and the rate of cell death, such that a positive net accumulation of tumor cells occurs. To date, most investigations have focused on factors associated with increasing cell proliferation. Recently, it has been shown that androgen-sensitive tumor growth in rats is mediated through androgens decreasing the rate of tumor cell death, while in other tumor models, androgens have been shown to increase cell replication. How growth regulatory factors might alter the balance between cell proliferation and death by either a positive increase in cell replication or through altering or inhibiting the rate of cell death is not known.

RESEARCH GOALS AND SCOPE

Observations described above suggest that autocrine, paracrine and endocrine factors are involved with the regulation of prostate growth. It is timely to encourage research efforts to understand how normal prostate growth is controlled and regulated, and how these controls are altered or uncoupled in both androgen-sensitive and androgen-insensitive autonomous prostate cancer growth and metastasis. This announcement is intended to stimulate research on prostate growth regulatory factors and address factors involved with stimulating DNA replication, and altering rates of cell death.

Possible approaches could include isolation and identification of prostate growth regulating factor(s) (stimulators and/or inhibitors) from normal and neoplastic prostate. Development of new animal and human prostate stromal and/or epithelial assay systems is encouraged since growth factor effects on different cell types may vary and such assay systems are essential for the identification of prostate specific factors. Growth regulatory factors need to be characterized in comparison to the biological activities of other known growth factors and purified for partial sequencing and production of polyclonal or monoclonal antibodies. Further structural analysis by isolation of cDNA probes from animal and human prostate cDNA libraries is encouraged. Obtaining the full nucleotide sequence of prostate growth regulatory factor(s) will make it possible to derive the amino acid sequence for comparison with sequences of known growth factors and oncogenes.

Biological activity of growth factors in the prostate could be pursued by identifying the cell types responding to growth regulatory factors, whether stromal or epithelial, by identifying specific cell surface receptors and by measuring the growth responses of different prostate cell types. Other possible approaches include localizing the site of production of prostate derived growth factors, determining the patterns of hormonal regulation of these factors and investigating their role as hormones. It has long been recognized that prostate development and growth are regulated by the male hormone, dihydrotestosterone. It is becoming increasingly suspect, however, that this effect of androgen is not a direct action on DNA synthesis, but rather one mediated by other intracellular regulators. From what is known about cell cycle control, it is likely that growth regulatory factors mediate androgen control of prostate growth. Thus, it will be important not only to determine whether growth factors are responsive to androgen stimulation of normal and neoplastic prostate, but to learn also whether other hormones and growth factors stimulate prostate growth regulatory factors.

The above describes examples of possible approaches. It is not implied that any single applicant should pursue all or any of these approaches. Other approaches with appropriate rationales are also encouraged.

MECHANISM OF SUPPORT

This program will be supported through traditional research grants. Policies for grant programs of the National Institutes of Health will apply.

APPLICATION AND REVIEW PROCEDURES

Grant applications in response to this announcement will be reviewed in accordance with the usual Public Health Service Peer Review (Study Section) procedures. Review criteria include the significance and originality of research goals and approaches; feasibility of research and adequacy of experimental design; adequacy of available facilities and appropriateness of the requested budget relative to the work proposed. Following Study Section review, further evaluation will be provided by an appropriate National Advisory Board/Council. Funding decisions will be based on the above evaluations and on the availability of funds.

Applications should be submitted on Form PHS-398, revised 9/86, available in the business or grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health. Applications will be accepted in accordance with the dates for receipt of new applications on an indefinite basis:

February 1 June 1 October 1

The phrase "Prostate Growth Regulatory Factors" should be typed on line 2 of the face page of the application. The original and six copies should be sent to:

Grant Applications Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892-4500**

A copy of the face page and summary page of the application should be sent under separate cover to:

Dr. Andrew Chiarodo
Organ Systems Section
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 717
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

This program is described in the Catalog of Federal Domestic Assistance No. 13.393, Cancer Prevention Research. Awards will be made under authorization of the Public Health Service Act, Title III, Section 301(c) and Section 402 (Public Law 78-410, as amended; 42 USC 241; 42 USC 282) and administered under PHS grant policies and Federal regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

EVALUATION AND UTILIZATION OF TRANSGENIC ANIMAL MODELS IN STUDIES OF PANCREATIC CANCER

P.T. 34; K.W. 0715035, 0755020

National Cancer Institute

Application Receipt Dates: February 1, June 1, October 1

The Organ Systems Program, through the National Cancer Institute Division of Cancer Prevention and Control, seeks applications proposing studies to evaluate, develop and utilize transgenic animal model systems for analyzing pancreatic cancer. The goal is to stimulate research in (1) the utilization of available transgenic mouse models of acinar cell pancreatic cancer for studies of mechanisms of carcinogenesis, cell of origin and tumor markers; (2) the establishment and use of transgenic murine model for studies of ductal cell pancreatic cancer; and (3) the establishment and use of transgenic systems in species other than the mouse, chiefly those which have a propensity for ductal cell pancreatic adenocarcinoma such as the Syrian hamster.

BACKGROUND

Pancreatic adenocarcinoma ranks as the fourth highest cause of cancer deaths in the United States. Of approximately 25,000 new cases in 1987, most will die within a year, and fewer than 500 are expected to live beyond five years. Current treatment methodologies are expected to have little effect on this outcome, and the causes and natural history of the disease are little understood. Additional studies of pancreatic adenocarcinoma are needed in order to develop markers for use in early detection, identify mechanisms of carcinogenesis, identify developmental time points in the malignant transformation process, and identify agents which may lead to prevention or control.

There are a number of reasons to believe that research in pancreatic cancer would be enhanced if additional useful animal tumor models were developed. Few investigators are using the tumor models which are currently available for studies of pancreatic carcinogenesis. One objection to most existing models is that they involve development of acinar cell adenocarcinomas rather than ductal tumors. Pathologists who study the human disease define it as ductal rather than acinar in appearance and possibly in origin. One model involving the injection of nitrosamines into Syrian hamsters does provide ductal cell tumors. Nevertheless, there is a long time to appearance of true adenocarcinomas, and there are differences among animals in time of appearance and nature of these lesions.

The recent development of transgenic mouse models for pancreatic cancer provides experimental systems which are accessible and manipulable. An accelerated production of transgenic models, using the mouse and additional species, would stimulate the field by providing tools for analyzing how oncogenes or transforming genes function in pancreatic tumorigenesis. Transgenic systems might allow delineation of stages when differentiating pancreatic cells become susceptible to initiation or promotion in carcinogenesis. Also, such systems might make possible the identification of environmental factors influencing these processes.

An issue which is related to the above considerations is that of identifying the cells of origin for pancreatic tumors. Are acinar and ductal cells of the pancreas both derived from common precursor stem cells? Concomitantly, are differences between acinar and ductal cells quantitative or qualitative? There is the possibility that ductal cell adenocarcinomas are derived from acinar cells which have de-differentiated as part of the transformation process. Some in vitro studies are consistent with this possibility. For example, AR42J pancreas tumor cells do not appear differentiated, but exposure to dexamethasone induces expression of nearly all the exocrine pancreatic secretory proteins. Similarly, organ cultures of pancreatic rudiments obtained at a stage when phenotypic expression is not yet apparent can be induced to express differentiation end-products prematurely.

RESEARCH GOALS AND SCOPE

At the present time, origination of at least two transgenic mouse systems, both resulting in acinar cell pancreatic adenocarcinomas, has been reported. In the development of a transgenic system, expression of a foreign gene can be targeted to cells of the pancreas. A foreign gene is attached to the promoter-enhancer region of a pancreas-specific gene, such as that for pancreatic elastase. Insertion of such a DNA construct into the germ line by injection into a mouse egg results in subsequent expression of the gene in the pancreas cells.

Simian tumor virus 40 causes malignant transformation in a number of systems, and if used as the transforming portion of a construct, results in acinar cell pancreatic adenocarcinomas which develop in mice at about 3-6 months of age. Such newborn mice show hyperplasia of the pancreas, and there appears to be a 2-3 fold increase in the number of cells per acinus, with the overall morphology remaining fairly normal. At about one-month of age, the majority of these cells are tetraploid, when hundreds of nodules develop within the pancreas. The nodules proliferate rapidly and by 3-4 months of age give rise to a multi-nodular, 3-9 gm pancreas. At this time, individual nodules have different characteristic aneuploid DNA contents. Currently, four lines of transgenic mice carrying SV40 are available.

Introduction of pancreatic elastase-SV40 gene constructs into the germ line of mice have provided strains in which 100 percent of the progeny develop pancreatic cancer. Several strains are homozygous with regard to the genetic construct. They need to be evaluated for tumor histopathology and for features of tumor development. They might be useful in studies of mechanisms that bring about carcinogenesis and might be appropriate for use in studies of tumor markers for pancreatic cancer.

It might be possible to attach an oncogene to the promotor-enhancer region of a gene specific for pancreatic ductal cells, thereby targeting transformation event(s) specifically to ductal cells. Such a model would be highly useful in pancreatic cancer research. The feasibility of this approach is demonstrated by the current transgenic mouse models which target transformation to acinar cells. Similar to the SV40 transgenic system described above, introduction of oncogenic (mutated) ras-pancreatic elastase constructs will transform acinar cells. The fetuses develop acinar cell adenocarcinomas, and the mice die a few days after birth. By day 16 of embryogenesis, just a few days after the pancreas has begun to develop, the pancreas is already huge, perhaps 3-10 times normal size. The acinar structure is clearly abnormal, and by day 20, about the time of birth, the enlarged pancreas is very cystic, and normal acinar structure does not exist. This embryonic tumor model is potentially useful, but since the mice die before breeding age, a colony cannot be established.

In Syrian hamsters, chemical carcinogens induce primarily ductal cell tumors of the pancreas, where in other species the same carcinogens induce acinar cell tumors. This indicates that the development and resulting histopathology of such tumors is influenced by species-specific factors. The phenotypic appearance of transgenic adenocarcinomas might be similarly influenced by how introduced constructs interact with host species. If so, then studies of transgenic models might provide answers to questions about pancreatic tumor cell lineage and control of tumor cell differentiation.

Immediate obstacles to the development of additional transgenic pancreatic cancer models are largely operational, such as the availability and manipulability of sufficient numbers of rodent or hamster eggs. Researchers in cellular and molecular biology and in carcinogenesis, who have this capability and have expertise available for developing transgenic animal systems, would be appropriate applicants for this announcement. Also, multidisciplinary teams which have expertise in transgenic systems, molecular biology, reproductive biology and carcinogenesis would be appropriate applicants.

MECHANISM OF SUPPORT

This program will be supported through traditional research grants. Awards will be made to public, private non-profit, and for profit organizations. Policies for grant programs of the National Institutes of Health will apply.

APPLICATION AND REVIEW PROCEDURES

Grant applications in response to this announcement will be reviewed in accordance with the usual National Institutes of Health Service peer review (Study Section) procedures. Review criteria include the significance and originality of research goals and approaches; feasibility of research and adequacy of experimental design; adequacy of available facilities and appropriateness of the requested budget relative to the work proposed. Following Study Section review, further evaluation will be provided by an appropriate National Advisory Board/Council. Funding decisions will be based on the above evaluations and on the availability of funds.

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February 1　　June 1　　October 1

The phrase "EVALUATION AND UTILIZATION OF TRANSGENIC ANIMAL MODELS IN STUDIES OF PANCREATIC CANCER" should be typed on line 2 of the face page of the application. The original and six copies should be sent to:

Grant Applications Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892-4500**

A copy of the face page and summary page of the application should be sent under separate cover to:

Dr. William E. Straile
Organ Systems Section
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 717
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

This program is described in the Catalog of Federal Domestic Assistance No. 13.393, Cancer Prevention Research. Awards will be made under authorization of the Public Health Service Act, Title III, Section 301(c) and Section 402 (Public Law 78-410, as amended; 42 USC 241; 42 USC 282) and administered under PHS grant policies and Federal regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

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